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Exploring Indian Indigenous Counselling Techniques: Evaluating their Effectiveness and Contribution to Counselling Psychology

by

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Abstract

The purpose of this study was to explore whether Indian counsellors and psychotherapists in the UK practice in an indigenous way with their Indian clients. The aim was to find out more information about the different types of Indian indigenous interventions that may currently be used by these professionals. The study also bridges the gap in the literature about the lack of research on the practical uses and applications of Indian indigenous counselling skills in the UK.

The study reports data from six face-to-face open-ended semi-structured interviews with Indian counsellors who have been trained in Western psychotherapeutic approaches and have knowledge of Indian psychotherapeutic approaches. The research was analysed using Interpretative Phenomenological Analysis (IPA). Firstly, the analysis concluded the use of several Indian indigenous interventions used by the participants, such as *Prekshadhyan* which can be used for psychosomatic pain relief, Jain virtue of forgiveness which can be useful for working with sexual abuse, use of spirituality and cultural beliefs for bereavement, and so on. Secondly, the analysis identified some of the most common barriers to therapy (e.g. stigmas and taboos) experienced by Indian clients in the UK, and it provided suggestions on how to overcome these. Finally, the analysis suggested factors that therapists should pay attention to (e.g. client context and use of Indian languages) in order to maximise Indian clients' engagement in therapy and to minimise their exclusion from it.

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Literature Review

History

In the early stages of the development of modern psychology, theories and approaches such as cognitive and psychoanalytical psychology were simply assumed to be universally applicable. So a majority of Asian universities adopted these scientific traditions. In India, contemporary or modern psychology resulted as a by-product of a Western education system (Kohli, 2002). This system emerged when the British ruled India. In over 200 years of British rule, Indian culture absorbed and shaped the Western influences to produce a remarkable racial and cultural synthesis (Jain, 2005). When modern scientific psychology based on empirical, experimental, mechanistic and materialistic orientations of the West were imported to India, many Indian psychologists such as Pandey (1969) and Heckel and Paramesh (1974) questioned its applicability within the Indian domain. However, it was not made clear as to what comprised Western psychology and which aspects were not relevant or applicable to the Indian culture.

Indian psychologists like Sinha (1965) found that psychology in India simply copied and replicated empirical studies as conducted in Western countries and that these had little uniform appeal in India. More recently, Dalal (2002) complained about the growing disillusionment with applicability of Western theories and their mindless testing in India. He believed that the failure to resolve inner conflicts of cherishing Indian cultural values at the personal level and maintaining Western orientation at a professional level was reflected in the methodologically sophisticated but irrelevant

research. He opined that Western psychological theories and research were not effective in understanding the Indian social reality.

Nisbett, Peng, Choi, and Norenzayan (2001) explained that the social differences that exist amongst the different cultures affect not only the beliefs but also the naïve metaphysical systems at a deeper level, the epistemologies, and also the nature of the cognitive processes of people. They researched that when dealing with the same problem or the same situation, the thought processes triggered by East Asians as compared to Westerners were very different. Norenzayan, Choi and Peng (2007) write that human thinking is profoundly attuned to the sociocultural context in which it naturally occurs. Hence, according to Norenzayan and Nisbett (2000), causal reasoning theories between East Asians and Westerners differ significantly as they seem to be rooted in the pervasive culture-specific mentalities of both. The latter was found to be more analytical, focussing attention on the object, categorizing it by reference to its attributes and ascribing causality based on rules about it. The former, on the other hand was more holistic and focussed attention on the field in which the object was located. It ascribed causality by reference to the relationship between the object and the field.

Heine and Norenzayan (2006) discovered that when researchers from non-Western cultures failed to replicate Western findings, the researchers were led to conclude from the "failure" that they were not as talented as Western psychologists. Thus, in the words of the researchers, "a culture-blind psychology exerts a significant cost on the science of psychology, in that it serves to marginalize psychological research from non-Western cultures" (p.264). Over the years, Indian psychologists also became increasingly marginalised in society but this realisation compelled them to place emphasis on

culture-specific factors in human behaviour and functioning. They, henceforth, began to make attempts to unearth psychological insights from Indian thoughts and traditions.

Indian Psychology – An Introduction

Veereshwar (2002) described Indian psychology as "large general philosophical doctrines that needed to be fished out of a vast ocean of philosophical literature" (p. 53). As such, Indian psychology can be traced back to the Vedas, but Veereshwar (2002) clarifies that there are no specific or distinct psychological theories mentioned in it and that these are hidden in its aphorisms or sutras. Given the complicated nature of Indian psychology, it might be useful to understand what comprises Indian psychology or what is meant by it, and how it can be used in counselling psychology.

Cornelissen, Misra and Varma (2011) explain that Indian psychology is an approach to psychology that is based on ideas and practices that developed over thousands of years within the Indian subcontinent and were handed down through antiquity. It may be useful to make explicit that Indian psychology is referred to as a meta-theory and as an extensive body of related theories and practices which has something essential and unique to contribute. According to Cornelissen et al. (2011), Indian psychology can provide a rich source of psychological insight and know-how that can be utilised by counsellors and psychotherapists globally. Rao (2011) adds that Indian psychology has implications that are in a sense broader than psychology itself. It has potential for application to areas, which current Western approaches appear unable to address effectively, e.g. conflict resolution at a social level, transformation at a personal level, and the widely held beliefs in spirituality and paranormal phenomena. Again, it has not been identified which Western approaches are ineffective. Such generalisations may

deem most or all Western approaches as being inefficient when this may not be the case. For example, existential therapy works with the spiritual dimension of clients. It does look into the I-Thou relationship where appropriate to explore the transformations or changes that may occur in how a person relates to himself/herself and others (van Deurzen and Kenward, 2005).

To learn more about the Indian systems of psychotherapy, one needs to turn to the Vedas. Veda, which means knowing or knowledge, is of four types – Rig-Veda, Yajur-Veda, Sam-Veda, and Atharva-Veda. Each of the Vedas is spiritually oriented, but the earliest known account of mental illnesses and their remedies or solutions was found in the Atharva-Veda. The Atharva-Veda has an integrative approach in the sense that it treats the body, mind, and soul as an integrated total entity (Veereshwar, 2002). It is not within the scope of the paper to do a comprehensive investigation of the Atharva-Veda but some of its references to mental health are given below.

According to Veereshwar (2002) 'Mana' or the mind is a central theme in the Atharva-Veda. There are three characteristics or gunas that constitute the mental structure - sattwa (characterised by purity, serenity and contentment), rajas (characterised by love of fame, passion, lust and display of power) and tamas (characterised by anger, greed and ignorance). All three are present since birth and need to be in a state of equilibrium. If the equilibrium is disturbed, then mental disturbances are likely to occur. As the mana (mind) is always actively working, the Atharva-Veda suggests the use of meditation for tension reduction or relaxation to maintain equilibrium. Also, if the mind experiences fears or phobias, then certain mantras can be used to ward them off.

Just like the mental structure in Indian psychology, ancient Greeks followed the humour theory that characterised bad-tempered or irritable people as 'choleric'; gloomy and pessimistic people as 'melancholic'; sluggish, calm and unexcitable people were tagged 'phlegmatic'; and 'sanguine' people were cheerful and passionate (Carlson and Buskist, 1997). It can be said that there are some similarities between the classification structures of the Greek humour theory and the Indian gunas, and based on that it can be argued that some Western psychological models can be relevant for Indian clients.

Most ancient cultures attempted to provide an understanding of mental and emotional states but these are generally confined to the history and development of psychology as a behavioural science. As most psychological textbooks are written by Western authors they understandably include Western models (Adair, 1999). It might be the case that Indian psychologists find it hard to access research or other publishable material on Indian psychological models, and therefore press for it to be recognised as an equally informative resource that psychology as a discipline can refer to.

Application of Interventions

Mindfulness Meditation

In fact, Western psychology has been using Indian concepts like meditation and breathing exercises to aid relaxation, and relieve stress and anxiety. According to Roger and Shapiro (2006), the meeting of meditation disciplines and Western psychology is

well underway. Chiesa and Malinowski (2011) write that mindfulness meditation and mindfulness-based approaches are being increasingly employed as interventions for treating a variety of psychological and physical problems. These include the ancient Buddhist *Vipassana* meditations. The third-wave of CBT incorporates mindfulness in its practice (Lau and McMain, 2005) as does the Existential approach where mindfulness is considered to add an experiential dimension to therapy (Claessens, 2009). Watchholtz and Pargament (2005) found that the use of spiritual meditative phrases over a period of time reduced anxiety and increased the threshold of pain. In another experiment, Bormann, Thorp, Wetherell, Golshan and Lang (2012) found that meditation-based spiritual mantras improved Post-Traumatic Stress Disorder (PTSD) symptoms and depression.

Yoga

Yoga, which is quite renowned, is also being used in Western countries not just for its physical benefits but also for its psychological effects. The different forms of yoga are distinguished by its philosophy and practice. According to Simpkins and Simpkins (2011), each type of yoga helps to concentrate attention towards a particular point of focus, bringing about self-discipline and leading to a state of enlightenment. They state that each yoga practice is said to have therapeutic applications, e.g. Raja yoga specialises in the development of meditative methods and techniques of attention, concentration, and contemplation for discipline, control, and direction of the mind which leads towards higher consciousness and enlightenment. Jnana yoga is the yoga of wisdom. Through the use of meditation and reason, it is possible to recognise illusory thinking to set aside worries, fears, and doubts.

According to Simpkins and Simpkins (2011), yoga also provides ethical guidelines in the form of things to do (niyamas) and things not to do (yamas) to help lead a moral, contented, disciplined, and healthy life in order to attain happiness, wisdom, and relief from suffering. The function of these guidelines is to help people to process and assess their thoughts and behaviours in terms of what is helpful and what is harmful. Dubey (2011) found that adolescents who practised yoga (e.g. mantra chanting, breathing exercises, and postures) on a daily basis for 1.5 hours for 15 days showed high scores on psychological variables like self-concept, tolerance, non-violence, truthfulness, faith, and fidelity in comparison to their scores taken at the start of the yogic practices. Of the above variables, non-violence (Ahimsa), truthfulness (Satya), and fidelity (Brahmacharya) are the yamas. It was attributed that through the practice of yoga, changes occurred in the mind, body, personality and behaviours of the adolescents such that they were able to abide by the 'things-not-to-do' more than they did before they started regular yoga practice. So yoga helped them to control their anger/aggression/frustration, and it helped them become more honest and develop a better self-concept. Although the research cannot be generalised considering it was conducted on a small and age-limited sample of 30 adolescents, it still goes to show the effect yoga can have on individuals in a short span of time.

In another research, Khalsa (2004) conducted a bibliometric analysis of 181 publications from 81 journals published in 15 countries. He discovered that before the 1990's more than half of the research on yoga being incorporated for psychiatric and medical treatments was conducted in India. This is not surprising considering that yoga

has its origins in India. However, with the interest yoga has had in Western countries, Western researchers have overtaken Indian investigators in the amount of research conducted since the 1990's. According to Khalsa (2004), even though there was no standardised yoga practice format (i.e. breathing exercises, psycho-spiritual techniques, and postures) being followed in the literature, there was still an overall recognition of yoga as an effective intervention for anxiety and depression. Aspects of yoga such as breathing exercises to counteract stress and reduce autonomic arousal were considered to be a suitable technique for psychological problems. Forfylow (2011) examined more studies on yoga between 2003 and 2010. She also found that breathing exercises, meditation and postures were effective in reducing anxiety and depression. In addition to these findings, Simpkins and Simpkins (2011) state that yoga is suitable for addiction as it has the ability to change the mind's focus, alter the neurochemical balance in the brain, and help soothe and strengthen the body to help cope with withdrawal symptoms. The use of yamas and niyamas can further help clients to build inner resilience.

Limitations of Yoga

Even though yoga has many uses, its application can have limitations as well. Veereshwar (2002) points out some of these:

a) Clients who have had surgery or have certain disabilities may not be able to carry out physical asanas or postures;
b) Yoga may only work with mild disorders or ailments rather than severe disorders like schizophrenia;
c) Yoga requires a certain degree of awareness and those with traumatic brain injuries may have difficulties with awareness; and

d) Learning and practising yoga is a slow process and the results can take even more time to show the effects. Hence, yoga may not be appropriate for short-term therapy.

e) Some yoga mantras may be incredibly hard to remember and pronounce, especially by those who do not speak Sanskrit or Hindi. Incorrect pronunciations may lessen its impact. Therefore, some of these mantras may be useful for those who can speak the words clearly and understand its significance. Others may first need to master Sanskrit in order to understand what the mantras accurately mean.

f) Moreover, the use of religious terms or phrases can be off-putting for people who do not practice Hinduism or are atheists, and this can further limit its usage and application. So in this context, as well as the one above, it can be said that aspects of Indian psychology may have limited application to Western people.

Furthermore, to be able to use yoga interventions in counselling, therapists will need to train in it. Hardly any counselling psychology courses in the UK teach yoga as a therapeutic intervention. Some courses like CBT may teach the importance or relevance of breathing techniques but not teach how to do it. Hence, trainees and qualified therapists may need to do extra yoga courses to learn about its uses and application in counselling practice. Also, these courses may be limited to major cities and be quite expensive, and thus may not be a practical or feasible option for many.

Parallels with Western Psychology

Moving on, yoga is considered to have parallels with certain Western therapeutic approaches such as psychoanalysis. Veereshwar (2002) noted that psychoanalysis explored one's past and likewise yoga also took into account a person's entire biological and evolutionary past. Both explore the unconscious and also try to create awareness within clients. However, this is said to be more profound in yoga than in psychoanalysis. Unfortunately, Veereshwar (2002) did not back her claim with empirical data, so it is not advisable to hold her notion as an established fact. Yoga also has similarities with logotherapy, which is a form of existential psychotherapy that focusses on the finding of meaning (van Deurzen and Kenward, 2005). Chappell (2008) writes that in the search for meaning, a person can "find a home through yoga in the body" (p. 73). Yoga provides a way forward for those in search of solace and meaning. This can be achieved by engaging the body and mind in a practice that brings relief from everyday stress and busyness. In fact, Hayes and Chase (2010) have found that people who practice yoga regularly experience an enhancement of meaning in their lives.

In addition to the above, it seems that there are more similarities between Indian and Western psychology. The traditional Indian therapies as written in the Vedas focus on changing unhealthy patterns of thinking, feeling, and behaving, and prepare people to face the vicissitudes of the problems faced in their social world. Even though the actual problem may not go away, but as a consequence of traditional therapy, one may learn to live with it resulting in symptom relief and improved functioning (Dalal, 2011). This is akin to what Cognitive Behavioural Therapy (CBT) attempts to do. CBT pays a lot of attention to unhealthy patterns of thinking and behaving which increase negative feelings. By changing the way one thinks, a person can experience a change in the

physical responses of his/her body and the way he/she feels (Lehman, 2006; and Branch and Wilson, 2010).

Also, the Atharva-Veda like the multiaxial assessment system in the Diagnostic and Statistical Manual (DSM) broadly categorised and diagnosed mental disorders based on symptoms. The two categories (Veereshwar, 2002), (a) severe disturbances/disorders, e.g. Unmad (insanity), Bhaya (phobia), and Manaspap (schizophrenia); and (b) mild ailments, e.g. Krodh (anger/aggression) and Shok (depression) are similar to the axis 1 and 2 coding of disorders in the Diagnostic and Statistical Manual-4 (DSM-4 TR). According to Dziegielewski (2010), axis 1 includes clinical disorders such as schizophrenia and phobia like (a) above, and axis 2 includes personality disorders (PD) like anti-social PD where a person can be angry and aggressive, and paranoid PD where a person can be depressive. Hence, axis 2 is similar to the mild ailments category (b).

Limitations of Indian Psychology

With reference to the classification of mental disorders, it seems that Indian psychology is more medical-based in terms of categorisation of 'abnormality'. As far as Western psychology is concerned, it systematically reviews the inclusion and exclusion of the different categories. Counselling psychology, especially, is becoming more wary of labelling and categorisation. Existential psychotherapy, for instance, denounces using labels to categorise people as being "abnormal" or having a "disorder" as it can make them prone to stigmatisation by others (Corrie and Milton, 2000). According to Webb-Johnson (1991), mental health problems are not acknowledged within the Indian community because of the stigma attached to them. Thus, it may seem ironical that

Indian psychology propagates a system of classification when its resultant effect may actually cause stigmatisation of mental illnesses which can deter Indian people from seeking help. This may raise concerns over how relevant aspects of Indian psychology are within the Indian context.

Another limitation of Indian psychology as highlighted by Veereshwar (2002) is the non-availability or near extinction of old authentic texts. As there are no chapters on explicit psychological theories in the Atharva-Veda, it is left to the reader to draw relevant information from it which may not be a simple task. An easy option would be to rely on the writings of authors who have already researched these topics but caution must be maintained because these would be their interpretations of the respective philosophies and not necessarily the accurate truth or meaning of them.

So far it seems that aspects of Indian psychology, viz. yoga and meditation/mindfulness do have scientific credentials. Psychologists and counselling professionals in the West have been using these techniques and interventions, and also acknowledge their usefulness. There also seem to be parallels and similarities between aspects of Indian and Western psychotherapeutic approaches. This suggests that if Indian techniques can be used with Western clients, it is possible to use Western theories and approaches with Indian clients as well. Yet, Indian psychologists like Heckel and Paramesh (1974), Pandey (1969), Jain (2005) and Arulmani (2007) have maintained that Western psychology is not appropriate or relevant for Indian clients. They criticise the state of academic psychology in India, the use of Western textbooks and so on, but ironically, none of them develop an approach that is suitable for their cultural context. Therapeutic

interventions and techniques that rely on values, concepts, belief systems, methodologies and other meaningful resources should be designed to treat the life issues, difficulties or problems of people coming from different cultural backgrounds.

Recent Changes

Only recently have these changes started to occur. According to Misra and Paranjpe (2012), theories and methods of traditional Indian origin such as yoga and meditation are being recovered, critically examined and articulated in the Western context. For instance, Wada and Park (2009) state that Western models of grief counselling focus on intrapersonal experiences where grieving individuals are expected to cope with the loss on their own. These individuals may also experience self-pity and self-criticism which can further alienate them from others even if they are receiving some sort of support. The Buddhist approach to grief counselling on the other hand rests on principles such as impermanence, interdependence, non-duality, compassion, and mindfulness. The researchers believe that the compassion component of Buddhism can help people move on from self-pity and self-criticism. Meditation and mindfulness practice can help people to direct their energy to their physical needs and improve their health in general. As per Wada and Park (2009), the Western models of grief counselling are increasingly converging with the Buddhist approach because of the benefits it provides in terms of empathy, compassion and self-care.

On a similar note, Sandhu (2005) outlined a framework for incorporating a culture-specific intervention, i.e. the Sikh life-stress model into the Western counselling

context. He demonstrated how the life-stress model could be integrated with conventional counselling approaches so it could assist Western mental health service providers to better serve the needs of the Sikh community. The model could educate people about the underlying causes of their suffering by linking the human tendency towards ego-centeredness with stress and despair. The understanding could further help people to develop healthy coping strategies. Sandhu suggests that the life-stress model can be integrated with the Western construct of empathy and other cognitive behavioural interventions. Although preliminary clinical trials have shown the Sikh life-stress model to be useful, further research shall need to be conducted to determine and replicate the preliminary results.

In another study, Schure, Christopher and Christopher (2008) found that the teaching of meditation, a form of yoga (hatha yoga), mindfulness, and even the Chinese qigong techniques to counselling students resulted in positive physical, emotional, mental, spiritual, and interpersonal changes. It also had substantial effects on their counselling skills and therapeutic relationships. Given its dual benefits for counselling training and practice, Schure et al. (2008) suggest that counselling courses should incorporate the teaching of the above interventions as specific tools for use in therapy.

Why Indigenous Psychology?

Triandis (1989, and 1999) found that cultures differ in the kinds of information they sample from the environment, which includes differences in perception and cognition. He argued that people from independent cultures like Europe and North America

sample elements of the personal self (e.g. "I am kind"), while people from non-Western cultures such as Asians tend to sample elements of the collective self (e.g. my family thinks "I am kind"). Similarly, Shweder, Mahapatra, and Miller (1987), and Shweder (1990) found that when it came to moral discourses, people from different cultures reasoned differently. For instance, Shweder et al. (1987) found that people from the Oriya Brahman community in India explained and rationalized about certain moral judgements very differently in comparison to an American sample.

Laungani (1997) further adds that Western society operates on a cognitive mode while Indian society operates on an emotional mode. So within counselling, Westerners are able to engage in contractual arrangements with their therapists and are able to maintain an equal relationship with them. Laungani (1997) describes the concept of equal relationship between client and therapist as based on individualism which is one of the distinguishing features of Western society. Indians, on the other hand, tend to be relation-centred. They look for greater emotional connectedness with their therapists so they can express their dependency needs. They consider therapists as "experts" with "special powers" who can guide and direct them in finding a "cure" for their problem. As Indian society is community-based and people maintain relationships on a hierarchical basis, those in positions of authority, e.g. elders, teachers and even therapists are given a special status and are generally deferred to. Thus, the respect for the "expert" makes it difficult for Indian clients to have an equal relationship with their therapists unlike Westerners. According to Laungani (1997) this attitude can compromise the fundamental assumption related to non-directive counselling.

Thus, cultural differences can exist in the way people think, perceive, and reason. As Laungani describes (2004b), it comes into play right at the outset. He states that the types of disorders, the incidence, and the severity of disorders may vary markedly across cultures (Laungani, 1992). Laungani (1992) suggests that in order to understand mental illness and identify it across cultures, it is necessary to examine the problem against the backdrop of the dominant value systems of the respective cultures (e.g. Eastern and Western cultures) which can influence one's understanding, diagnosis and treatment of mental illness.

Therefore, in order to understand and respectfully work with people from different cultural backgrounds, theories and data from both Western and non-Western cultures are needed. Contemporary Western psychology when applied to non-Western populations may have to be modified, and it may also benefit from referring to the informative resources that other cultures can offer. In fact, Indian and Western researchers have begun to construct culturally relevant therapeutic approaches by integrating modern psychology with Indian thoughts and traditions. Clients of both Indian and Western origin may benefit from these techniques.

As Eleftheriadou (1994) wrote, every approach is embedded in its own culture, with its own guidelines on what is normal or abnormal, how reality is interpreted, what the values of that culture are and what standards and conduct have to be followed. Vohra (2004) echoes these thoughts. She highlights that practices like yoga and meditation in Indian psychology adopt a holistic perspective on the physical and psychological well-being of individuals. These practices tend to reflect the prevalent beliefs, values and

preferences that are deeply rooted in the cultural traditions of India. The knowledge gained from these practices can not only contribute to the development of counselling psychology literature but also strengthen the standing of counselling psychology worldwide.

Notwithstanding, attention should be paid to the integration of Indian and Western psychology because clients may have their beliefs deeply rooted in their respective value systems which could be a potential source of conflict. Where Western culture may believe in independence and autonomy, Indian culture may believe in interdependence and putting others before the self. Thus, Leung and Chen (2009) urge psychologists to (1) employ culturally sensitive empathy to study cases of interpersonal conflict in local societies; (2) conceptualise these cases and construct indigenous theories for understanding local phenomena; (3) develop instruments for measuring local phenomena; and (4) devise new methods of psychotherapy by referring to resources from all available cultural heritages.

With the growing realisation of making modern psychology culturally relevant and appropriate, attempts were made to indigenise psychology and to develop an indigenous psychology (e.g. Sinha, 1997; and Adair, 1999). According to Hwang (2004), the combination of different types of knowledge (viz. Eastern and Western) is the most important reason for psychologists of non-western countries like India and China to develop an indigenous psychology.

Defining Indigenous Psychology

Sinha (1997) describes the integration of Western and Indian approaches of psychology as the process of indigenisation. It is the extension of the boundaries of Western psychological knowledge to concepts and methods that have a firm root in the socio-cultural environment of a particular region. To some extent, this falls within the pluralistic framework of counselling and psychotherapy as suggested by Cooper and McLeod (2007). The basic principle of the framework is that there is unlikely to be a 'right' therapeutic method, and that it is possible to utilise concepts, strategies, and specific interventions from a range of therapeutic orientations.

Indigenous psychology seems to agree with the pluralistic framework in that if Western approaches are not suitable, then it is possible to use concepts or interventions from other orientations. However, there are no specific theoretical orientations in Indian psychology as was mentioned earlier. Indigenous psychology tends to go a step further by incorporating spiritual and cultural beliefs, values, philosophies, and aspects of religion that are part of the Indian psyche. Indigenous psychology attempts to alter the psychological content of theories, concepts and methods by incorporating the above to make the discipline culturally sensitive, appropriate and relevant for clients (Adair, 1999). For example, Buddhist philosophies and meditation gave way to mindfulness which CBT is actively using as an intervention. Likewise, Chinese indigenous psychology has developed theories and research paradigms on the presumptions of Confucian relationalism (Hwang, 2009).

As Downing (2004) mentions, a pluralistic view of psychotherapy can only clarify but not resolve the dilemmas that engages every therapist every single day that he or she chooses to practice. Instead, he supports Frank (1973) who has recommended that therapists should learn as many approaches as they find congenial and convincing. Shweder (2000) further adds that having knowledge of Asian indigenous psychology (e.g. the Muslim purdah/veil system or the logic of filial piety or benevolence) is helpful in understanding at least some aspects of Anglo-American psychology. Similarly, "Western" indigenous psychological concepts such as self-interest or intimacy can be used to illuminate perhaps some of the hidden or unconscious aspects of the "Chinese soul". As such it seems that both pluralistic and indigenous practice are imperative and that they complement each other within a counselling perspective.

Since culture plays a significant role in indigenous psychology, it may be easy for it to be confused with cultural psychology. Hence, it might be useful to distinguish between the two. Shweder (2000) describes cultural psychology as the study of ethnic and cultural sources of diversity in emotional and somatic functioning, self-organization, moral evaluation, social cognition, and human development. It is an interpretative analysis of social practice which explores the goals, values, and the traditional ways of doing things in reference to which behaviours might be seen as rational. In Shweder's (2000) opinion cultural psychology and indigenous psychology are nothing but kindred approaches as the latter also studies culturally unique psychological and behavioural phenomena. It investigates the specific content and the involved process of the phenomenon.

Likewise, Greenfield (2000) seems to agree that indigenous psychology shares the spirit of cultural psychology as they both emphasise the symbolic quality of culture. Also, for Triandis (2000), cultural psychology is closer to indigenous psychology because both prefer the study of action in context in real life situations. Moreover, both find differences in the meaning of constructs fascinating and make them the focus of their research. As such, there seems to be a general consensus amongst researchers that cultural and indigenous psychology are similar to each other. Nonetheless, differences exist between both approaches.

Triandis (2000) highlights some of the differences between indigenous and cultural psychology

(1) Western cultural psychologists usually study cultures that are very different from their own whereas indigenous psychologists usually study their own culture.
(2) Cultural psychologists study a culture intensively with ethnographic methods and ignore information that comes from laboratory experiments. They are likely to look for relationships within the culture. Indigenous psychologists tend to select keywords, concepts, or categories that are used widely in a culture, and describe their meaning or changes in their meaning across demographic categories within the culture.
(3) The methods of indigenous psychologists can enrich the vocabulary about key elements of the various cultures under study. The methods of cultural psychologists are often the only ones that can be used with non-literate participants. They also tend to allow for wide exploration.

Some of the differentiations made by Triandis (2000) may be questionable. For instance, it may not be entirely true that indigenous psychologists only study their own culture. Also, Greenfield (2000) is of the opinion that both indigenous and cultural psychology shares the notion that the prime subject of study is the subject's creation of meaning systems, particularly systems that are shared or normative within a defined cultural group. Both recognise that psychological theories are important aspects of shared cultural meaning.

In contrast to Triandis (2000), Greenfield (2000) clarifies that the unique contribution of indigenous psychology is the notion that psychological concepts and psychological theory, not just data collection techniques, should be developed within each culture. She maintains that unlike indigenous psychology, the empirical research tradition of cultural psychology has not been based on formal psychological theories with culture-specific origins. So while cultural psychology tends to make ethnotheories (i.e. folk theories) of psychological functioning and development, indigenous psychology takes steps to formalise these informal folk theories of psychological functioning into psychological theories and models (Greenfield, 2000).

However, one of the biggest drawbacks of indigenous psychology is that it does not have a clear definition. For example, Kohli (2002) describes it as an approach that places psychological phenomena within a socio-cultural context and examines how that context affects their explanations and interpretations. In comparison, Naidu (2002)

believes that any psychology that serves the people with whom one identifies is an indigenous psychology, even if it has imported components. Adair (1999) rightfully questions how something that is imported can be indigenous. For him, the purpose of indigenous psychology is to create a psychology that is appropriate for a culture. This can be done by making research more culturally sensitive and appropriate, and by making the discipline autochthonous. By autochthonous is meant a psychology of the country that is independent of its imported origins, and which stands on its own in addressing local problems and in providing its own local training and textbooks (Adair, 1999).

Relevance of Indigenous Psychology

Leung and Chen (2009) suggest that training programmes in counselling psychology should embrace an international and indigenous perspective. They should familiarise trainees with the international counselling literature and encourage them to critically review its cultural relevance to local contexts. They suggest that trainees should be provided with supervised practice and self-exploration experiences so that their multi-cultural sensitivity and competence could be enhanced. The trainees should be encouraged to work in multi-cultural environments so they could experience first-hand the needs and characteristics of different indigenous groups. This would enable them to train in other countries, yet be able to provide suitable therapy upon returning home.

So within the counselling and psychotherapy context, Western theories, concepts and methods may benefit from utilising Indian psychology as a primary source of indigenous knowledge. This would help to generate theories and concepts that are specific to the Indian cultural context, and help to understand the unique mental,

affective, and behavioural experiences of Indian individuals living in India and abroad. It will also throw light not only on why psychotherapy based on Western approaches might not be effective for Indian clients or clients of Indian descent, but it will also explain how various traditional practices may serve the function of counselling and psychotherapy in modern Indian societies.

In today's global culture where there are mixed races and people live in countries different to that of their origin, indigenous psychology and indigenous therapeutic interventions can be useful. While it is acknowledged that it is not possible for therapists to learn about every culture, it is important for them to become aware of the range and variety of values, beliefs and behaviours (Eleftheriadou, 1994). In addition, d'Ardenne and Mahtani (1989) suggest that a counsellor working *across* cultures needs to ascertain which of the client's cultural experiences, knowledge, and assets will be of use in counselling. These can include the client's family resources, social network, religious resources, health issues and concerns, political beliefs, education, and employment. The above "assets" can shape or influence clients' cultural experiences and information, their attitudes and expectations, skills, status, and choices. Indian counsellors and therapists in the UK can draw from their own cultural experiences and knowledge, their family resources, social network, counselling/psychology education and training, knowledge of the healthcare system, and so on to frame an understanding of some of the most common presenting problems Indian clients can face in the country.

Eleftheriadou (1994), and Lago and Thompson (1996) believe that the use of language can be absolutely central in the therapeutic process. They suggest that bilingual or

bicultural therapists appropriately trained to work with clients of their own or similar culture or with ethnic minority clients is needed because they tend to understand the clients' cultural backgrounds better. The ability to speak the same or similar language can help with reducing misunderstandings to a large extent and increase access to the emotional experiences. As a result, ethnic minority clients may not drop out of therapy. Also, the therapists are in a better position to educate other professionals and influence the counselling system.

In terms of non-verbal communication and language, Eleftheriadou (2010a) writes that it is possible for clients to decode body behaviour and facial expression more accurately when it is exhibited by those who share a common language, culture and race. She further states that paralanguage that involves loudness of voice, pauses, hesitations, and pitch are also easier to comprehend by those who share the same cultural background. In fact, paralanguage can provide stronger messages than the verbal. d'Ardenne and Mahtani (1989) explain that non-verbal behaviour in terms of smiles, physical gestures, proximity, manner of greeting can be a part of the boundary-setting and also set the tone for the session. It can also set the limits for the relationship between the therapist and the client.

Shortcomings

Vohra (2004) pointed out that one of the prime reasons for India's inability to follow a route towards indigenisation was the difficulty in defining or agreeing upon what would be appropriately culturally derived in the country because of the size, diversity and

complexity of the vast population. With multiple religions being practised, hundreds of dialects being spoken, caste issues, social issues, and cultural issues, the indigenisation of psychology would become a complex process. In fact, instead of one national indigenous psychology, multiple (regional) indigenous psychologies may have to be conceptualised.

Future Prospective

The points discussed so far are not conclusive and it is expected that there are several other factors and ideas that can contribute towards the growing field of indigenous psychology and its use in counselling. Indigenous psychology is not limited to Indian psychology and it can benefit from ancient knowledge of other cultures such as the Chinese and Japanese cultures. At the same time, it would be interesting to note if Western philosophies can also add to the burgeoning literature on indigenous psychology and interventions. While it is clear from the papers reviewed which aspects of Indian psychology are used in indigenous psychology, it will be equally intriguing to find out which theories and approaches in Western psychology can be or are being used indigenously. Further research may be required to provide answers and more detailed information on this.

Introduction

Onset of Western Psychology in India

The study of psychology in most cultures investigates human beings as subjects. Within each culture, various theories of psychology and practices were developed to "treat" all sorts of life issues, difficulties and problems. In the Indian culture, those who experienced difficulties in coping with stress, anxiety, and depression traditionally sought the assistance of their elders, spiritual advisors, folk healers, priests, and teachers rather than professionals (Carson, Jain and Ramirez, 2009). Recently, however, this practice slowly began to fade. With the onset of modernization and globalization, Western psychology became more dominant and began to influence the local communities (Leung and Chen, 2009).

While Western psychological influence strengthened Indian psychological research (Jain, 2005), it was not considered entirely suitable because it seemed disconnected from the felt needs of people and their social realities. This philosophical mismatch was attributed as one of the "failures" of modern psychology (Arulmani, 2007). Likewise, Carson et al. (2009) feared that Western values may be imposed on Indian culture when employing Western therapeutic approaches or interventions. It was said that not all Western theories may be relevant to the diverse Indian community.

From a counselling perspective this is quite significant. Eleftheriadou (1994) states that counselling is a twentieth-century White bourgeois, Euro-American construction. Likewise, Lago and Thompson (1996) write that many of the current theories of therapy

are rooted, historically, in central European and more latterly North American culture. They state that the theories are based on the idea of 'the individual' being in charge of their own destiny. This applies to the different forms of therapy – individual, couples, family, and group. As such these theories tend to be culturally and historically bound, and have limitations on their applicability to situations and persons in a multicultural or multiracial society.

Counselling Asians

The Beginning…

The United Kingdom (UK) is multicultural, multi-ethnic, and multiracial. The presence of the Indian community has been felt for over six decades now. The "immigrants" began to integrate with British society and Western culture but at the same time experienced several cultural conflicts and emotional difficulties. Back then, counselling as we know it today, was still in its nascent stages and was being developed. As the services grew and became more accessible to the public, it was primarily run and used by White people. Webb-Johnson (1991) wrote that it was earlier assumed that Asian people did not have mental or emotional problems because they looked after their own, but this was not the case. It was found that mental health problems were not acknowledged because of the stigma attached to them. Also, those who sought help normally went to doctors and presented their emotional distress in somatic rather than psychological terms (Webb-Johnson, 1991).

The middle…

As the reasons behind the low referrals were recognised, specialist counselling services for the Asian community were developed. Western therapeutic models and approaches were still being used and were not found to be as effective. Alladin (1999) attributed this to the differences in the views of Eastern and Western cultures. In the table below, he demonstrates how an Eastern way of thinking diverges from the Western way. On the left side of the table he lists certain qualities in **bold** which according to Western thinking are a 'good' thing to have. These are polarised with 'undesirable' qualities on the right. The Eastern way views it differently as can be seen by the terms in the brackets on the left which may be perceived as undesirable behaviours whereas those on the right as desirable behaviours to emulate.

Perspectives on concepts of normality and health

Assertive	**Submissive**
(Arrogant)	(Humble)
Independent	**Dependent**
(Selfish)	(Caring)
Free expression of feelings	**Control of passions**
(Out-of-control)	(Dignified)
Individual	**Family**
(Egotistic)	(Communal)

Eleftheriadou (1994) reiterates the above point. She states that Western therapy such as client-centred therapy is very popular because it emphasises the importance of the individual. It holds implicit beliefs that the individual is responsible, and has choice and freedom in his or her own life. However, in many other cultures this would be unacceptable because one grows up valuing the communal more than the individual. Alladin (1999) adds that Indian clients can drop out of therapy if their counsellor is judging them from a Western frame of reference. He further argues that if a client has a more holistic conceptual system, then the therapist who is indoctrinated or encapsulated in traditional Western thinking is not only liable to misunderstand the client but is at risk of forcing the client into a way of thinking that becomes a strait-jacket for the client. It is hardly surprising then if clients do not come back for therapy. It may thus be easy for a therapist to dismiss the client as lacking in motivation, psychological-mindedness or not being ready for therapy.

The present…

One may question whether there is a way by which it might be possible to transcend the cultural boundaries in counselling and psychotherapy. Laungani (2004a) suggests that to achieve such an end it is essential that the following be given serious consideration:

1. The East and the West need to meet as joint and equal partners and work together to promote a clearer understanding of differences and similarities in the value systems of both cultures.

2. There is a paramount need to design intensive, meaningful and relevant training courses, which would serve the mutual interests of therapists from both East and West when dealing with multicultural issues.

3. Therapists need to be concerned not just about the idiosyncrasies of different psychotherapies, but also find ways of 'weeding out' a vast number of pseudo therapies which are often unleashed upon unsuspecting clients.

Transcultural Counselling or Indigenous Psychology?

d'Ardenne and Mahtani (1989) emphasise transcultural counselling where counsellors work across, through or beyond cultural differences. They suggest that counsellors should maintain sensitivity to the cultural variations and bias of their own approach. They should also be able to grasp the cultural knowledge of their clients, and be able to commit towards developing an approach that reflects their clients' needs from a cultural perspective. Furthermore, counsellors should be able to face increased complexity in working across cultures.

Transcultural counselling recognises the need to understand social, economic, historical and cultural experiences of clients, but it does not explain how culture-specific therapeutic interventions (e.g. yoga) can be useful for working with ethnic minority clients. Nor does it provide any well-established theoretical models to substitute for traditional approaches (Webb-Johnson, 1991). As a result, counsellors may be left in the lurch because they might be aware that they need to work transculturally with clients but they do not have sufficient knowledge of culture-specific therapeutic techniques and/or how to use them indigenously. While transcultural counselling provides an outline of how to work therapeutically with ethnic communities, indigenous psychology outlines what to use. Both approaches are seemingly inter-related and inevitably

overlap. As will be seen, indigenous psychology and transcultural counselling have several parallels.

Indigenous psychology has and continues to develop in various countries but it is mainly characterised by the attempts of researchers in non-Western societies and cultures to develop a psychological science that more closely reflects their own social and cultural premises (Allwood and Berry, 2006). For example, Sinha (1997) views indigenous psychology as a behavioural science that results from the interaction between Indian and Western psychology. Here, theories, concepts and methods are developed internally from the philosophical and religious texts such as the Vedas as primary sources of knowledge. This is then adapted or blended with Western psychological theories so they can be easier to understand, be empirically tested and be retained as cultural universals (Puhan and Sahoo, 2002). Such indigenous knowledge can help to acknowledge, understand and connect with the socio-cultural realities of Indian people in therapy.

According to Kim, Yang, and Hwang (2006), indigenous psychology questions the universality of existing psychological theories and attempts to discover psychological universals in various contexts. It represents an approach in which the content (i.e. meaning, values, and beliefs) and context (i.e. family, social, and cultural) are explicitly incorporated. Moreover, it advocates the use of various methodologies (e.g. qualitative and quantitative). In this way, indigenous psychology links humanities (e.g. philosophy, history, and religion which focus on human experience) with social sciences (which focus on analytical knowledge, empirical analysis and verification) to provide valuable

knowledge and insight (Kim et al., 2006). This knowledge may become the basis of the discovery of psychological universals, and it may contribute to the advancement of psychology and science.

Is Indigenous Psychology Worthy of Investigation?

Unfortunately, most of the literary work done on indigenous psychology is limited to book chapters or papers written for journals. There is hardly any conclusive research on indigenous psychology or the use of indigenous techniques in counselling. Some researchers have investigated the use of Western models of counselling on Asian communities or provide guidelines for practice within a transcultural perspective, but these are at best exploratory studies or pilot projects (e.g. Webb-Johnson, and Nadirshaw, 1993; and Mahtani and Huq, 1993).

Thus, indigenous psychology is worthy of investigation. It is particularly relevant for a country like the UK where tens of thousands of Asians live. Even though the number of counselling services for Asian people has increased in recent years, the drop-out rate is still proportionally high. It must be noted that there are not as many Indian or Asian counsellors or psychotherapists as "White" counsellors. At the same time, many Indian clients or those from the Indian subcontinent do not want to see an Indian/Asian therapist and are thus seen by non-Asian or White therapists. Subsequently, several clients tend to drop out of therapy as they do not feel understood or experience cultural conflicts within counselling. Counsellors and therapists today, may be more aware of considering and understanding the clients' cultural background and context as important, but this alone may not suffice. The use of indigenous approaches by

Indian/Asian or even White therapists in counselling practice can be a useful means of engaging clients whilst comforting and reassuring them. This in turn could secure their presence in therapy and reduce the chances of them dropping out. Hence, more information is needed on indigenous approaches and practice to shed light on how effective they might be.

The Current Research

This study addresses the gap in the literature about the lack of research on indigenous psychology in the UK. The aim is to find out whether Indian counsellors and psychotherapists in the UK practise in an indigenous way with their clients. The purpose is to explore the different types of indigenous interventions that may currently be used by these professionals; whether these interventions are taught in any form; how the therapists decide whether an intervention is suitable or relevant to a client; and finding out how therapists recognise the intervention to be meaningful, i.e. what constitutes meaning to them. The research will also explore the education or training of participants including their views of Western and Indian psychology to determine if it has a role to play in their use of indigenous interventions. Finally, the participants will be asked about their opinion of the future of indigenous psychology, its advantages and/or disadvantages, and its contribution to counselling psychology (if any).

It is anticipated that the findings from the research may add to and enrich the counselling psychology literature on the use of indigenous techniques and approaches. The results and findings may help counsellors and psychologists to focus on developing suitable indigenous interventions and even teach them in training courses. Trainees may

also benefit from being exposed to a wide spectrum of psychological literature from around the world which could enable them to read widely and think globally (Leung, 2003). Hence, there is a need to explore indigenous counselling techniques in order to evaluate its effectiveness and contribution to counselling psychology.

Method

Methodological Rationale

It was anticipated that all participants were taught academically using a majority of American or European textbooks. It is also expected that not all of the theories taught in these books would be helpful/suitable/applicable within the Indian cultural context. Thus, participants may use exclusive traditional, philosophical, and cultural knowledge and interventions to provide a more wholesome and meaningful service to their clients to enable them to deal with their issues and problems.

The research questions that the present study explores, i.e. how do therapists use indigenous counselling interventions with clients, how do they decide that the intervention they use is suitable or relevant to the client, and how do they recognise the intervention to be meaningful are all open-ended questions. They cannot be answered with a simple 'yes' and 'no'. It is likely that complex psychological and philosophical structures will be explored during the study. As Langdridge (2007) suggests, it is only through exploration of ideas and events that understanding of meaning emerges. Hence, unpacking the psychological and philosophical structures may provide detailed descriptions, explanations and an understanding of using indigenous counselling

techniques. This points towards qualitative research as a suitable method for the study because it can help to obtain a rich description and understanding of indigenous psychology and the use of such techniques in counselling and psychotherapy.

Interpretative Phenomenological Analysis (IPA)

The aim of IPA is the detailed exploration of the participants' views of the topic under investigation (Langdridge, 2007). It enables the participants' experiences to be expressed in their own terms rather than according to predefined category systems. This is what makes IPA phenomenological (Smith, Flowers and Larkin, 2009). Any insights gained from the analysis of the participants' accounts are the product of the researcher's engagement with and interpretation of the transcripts. This makes the analysis interpretative (Willig, 2008). Hence, IPA is both phenomenological and interpretative.

According to Willig (2008), IPA is undertaken with some assumptions regarding the world it studies. Firstly, IPA is interested in the participants' subjective experience rather than the objective (social or material) nature of the world. Secondly, it assumes that participants can experience the same 'objective' conditions in radically different ways because their experiences are mediated by the meaning they attribute to the events which then shapes their experiences of the events. Thirdly, IPA does not make any claims about the external world. It is concerned with how participants experience an event instead of determining the event as 'true' or 'false' or as a 'reality'. Finally, it recognises that the meanings the participants attach to an event are the product of interactions between actors in a social world, i.e. their interpretations are not

idiosyncratic and free-floating but are bound with the social interactions and processes shared between the social actors.

IPA captures the quality and texture of participants' experiences. It conducts a detailed examination and exploration of the phenomena under investigation (Willig, 2008). As discussed earlier, research on indigenous counselling techniques is limited. There are very few studies that explore the indigenous practices of counsellors. This study employs IPA as the research method so that it is possible to explore and understand how participants might practice indigenously, what indigenous interventions they might use, how they make sense of the interventions, and so on.

IPA involves gathering data through the use of semi-structured, open-ended and non-directive interviews with a selection of participants. Interviews are the most widely used method of data collection in qualitative research in psychology (Willig, 2008). In this research, semi-structured interviews would allow participants to share their experience of indigenous counselling. Thus, IPA was used aiming to capture the individual experiences of the participants. Their experiences may connect with what has already been discussed in the literature review or it may have something new to add to counselling psychology skills and literature. The idea is to create new knowledge that can contribute to the development of current approaches, models, interventions, and techniques.

IPA takes an idiographic approach where the insights produced through engagement with the transcripts are integrated only in the later stages of the research when

individual and master themes are created (Willig, 2008). In IPA, the role of the researcher is quite important in the construction of the analysis because the researcher's own experiences tend to give shape to it. For instance, the analysis is considered to be phenomenological (participants' accounts) and interpretative (researcher's interpretations of participants' accounts). This results in a two-stage interpretation process or 'double hermeneutic' as identified by Smith and Osborn (2008). While the 'double hermeneutic' process makes the research more exclusive, it also makes it more prone to bias as essentially the analysis is the researcher's interpretation of the participants' interpretations of indigenous concepts. At the same time, if participants are unable to express themselves in detail or give inaccurate explanations of the phenomena or even come up with several descriptions of the same thing, then the analysis is likely to be affected. This research acknowledges that IPA has limitations and identifies the shortcomings in the analysis where applicable.

IPA was chosen over other research methods for several reasons. The intention of this study was to explore Indian indigenous counselling techniques. The idea was to develop an understanding and gather information on such techniques by unravelling the participants' experiences and perceptions of them. Such detailed descriptions would not have been possible through the use of questionnaires alone. IPA is particularly useful as the value of each of the participants' experiences can be highlighted through it. It sits well with the topic under investigation as it involves a reflective interpretative process and does not claim that the participants' experiences are a fact or the truth (Smith et al., 2009). Moreover, the findings generated through IPA may provide an understanding of the aspects or theories of Western psychology that may not be relevant for Indian clients. Grounded theory would not have been a suitable method to address the

objectives of the study because its aim is to develop a model or theory to account for the participants' experiences. This is not the intention of the research. Hence, grounded theory was discounted as an appropriate method. Nor were there any intentions to focus on the language and interactions per se between the researcher and the participants. Therefore, both discursive psychology and discourse analysis were also disregarded as appropriate methods for the study.

Ethical Issues

Ethical issues were not foreseen during the course of the study. Steps were taken to ensure that the study goes on without such problems. For example, participants were asked to sign a consent form (refer appendix 7.5) agreeing to participate in the study. The consent form explained that the data and any identifying information acquired during the research process would be handled confidentially. The form further explained that participants could withdraw from the study or terminate their involvement at any point of time without any fear of being penalised (Willig, 2008). Participants were also informed that if any aspects of the study caused slight feelings of distress, then these were likely to be mild and short lasting. To minimise these consequences, participants were debriefed at the end of the study. They were informed about the full aims of the research and that they could have access to any publications arising from the study.

Participants

Langdridge (2007) suggests that a maximum of six participants should be recruited for student projects employing a phenomenological method that is likely to be small. Smith et al. (2009) suggest that the number of interviews for professional doctorates can range

from four to ten. They point out that it is important not to see higher numbers as being indicative of 'better' work. So for the purpose of this research a sample size of six participants was considered as appropriate. However, this number was confirmed only after analysing that the views expressed in the interviews were fairly uniform and that no new themes emerged from them. This was in keeping with Patton's (1990) recommendations to review the sample size upon completion of the interviews.

Smith et al. (2009) suggest that in IPA participants are selected purposively because they offer access to the participants' perspectives of the phenomenon being studied. Therefore, it was decided that the participants in this research would be allied counselling professionals in the UK such as counsellors, psychotherapists and counselling psychologists who practise indigenously. In specific, they would be Indian practitioners who have worked indigenously with Indian clients in the UK. It has been earlier said that Western psychological theories are not universally applicable and that Indian psychology has a lot to offer. By purposively interviewing Indian counsellors and psychologists in the UK who have trained in Western approaches, an attempt would be made to determine which aspects of Western psychology were not applicable to Indian people, and which aspects of Indian psychology can be used indigenously with Western therapeutic approaches in a counselling context.

All six participants (two men and four women) lived in the southern part of the UK, and were happy to take part in the research with some being keener than others to contribute and share their experiences. The table below provides further details of the research participants like their gender; age; the therapeutic approaches the participants have

trained in as part of their courses; their highest academic qualifications in counselling/counselling psychology; how long they have been practising; whether their counselling training was in the UK; and if they practise indigenously.

Participant	Gender	Age	Therapeutic Approaches Trained in	Highest Academic Qualification	Years of Practical Experience	Counselling training in UK	Indigenous practice
P1	F	55	Person-centred, psychodynamic & CBT.	Diploma	11	Yes	Yes
P2	F	60	Person-centred, psychodynamic, existential & transpersonal.	Diploma	10	Yes	Yes
P3	F	44	Person-centred, psychoanalysis, CBT, existential & transpersonal.	Diploma	10	Yes	Yes
P4	F	47	Person-centred, Psychoanalysis, CBT & existential.	Masters (MA)	3	Yes	Yes
P5	M	41	Person-centred & CBT.	Post-Masters (Post-MSc)	15	Yes	Yes
P6	M	44	Person-centred & CBT.	Diploma	20	Yes	Yes

Table 1: Participant Characteristics

The average age of the sample of participants was 48.5 years, and their practice on average spans over 11.5 years. The academic qualification for the participants ranged from a diploma in counselling to a Post-MSc in counselling psychology. Four participants had a counselling and psychotherapy background, and two had a psychology background (P4 and P6). Both P4 and P6 were pursuing a doctoral programme in counselling and psychotherapy. Of all Western psychotherapeutic approaches, person-centred approach seems to be the most commonly taught with CBT and psychodynamic following in line respectively. As is evident from the table, all participants have trained in the UK and practise indigenously.

IPA studies aim to find a reasonably homogenous sample for whom the research question will be meaningful. This makes it possible to examine within the sample, patterns of convergence and divergence in some detail (Smith et al., 2009). The above sample was therefore constructed to reflect the homogeneity of participants interviewed. The chosen sample of participants in the research would reflect the opinions, values and beliefs of that specific group of "Western-educated" Indian counselling professionals in the UK who practise counselling indigenously with their clients. It is not claimed that the views and experiences of the research participants reflect those of all Indian counselling professionals who practise indigenously in the UK.

Interview Schedule

In IPA, data is predominantly collected through the use of semi-structured interviews. Semi-structured interviews maintain flexibility in the researcher-participant dialogue with the researcher modifying or tweaking the interview questions based on the responses of the participant. As the interview progresses, the researcher can explore the more interesting areas of the conversation in detail by probing the participant to talk further about it. This means that the researcher does not stick to a particular order of questions in the interview schedule. Moreover, if a participant answers a question indirectly whilst answering another question, the researcher does not need to repeat the prior question again. As such, the dialogue between the researcher and participant is guided by the interview schedule rather than dictated by it (Smith et al., 2009).

Hence, a semi-structured interview schedule (refer appendix 7.6) was created for this research. The questions in the interview schedule were mainly constructed through

reflections and critical appraisal of the researcher's personal therapy experiences (refer first two pages of critical appraisal for information – section 5) and the literature review. Some of the questions were formed to address the gap in the literature so that the knowledge obtained could contribute to the development and advancement of indigenous counselling skills and techniques. Thus, the interview schedule was divided into four sections to explore in depth the participants' training and educational background, their understanding of psychological theories and approaches, their experience and views of indigenous practice, and the scope of indigenous counselling interventions.

The individual interviews began once the consent form (refer appendix 7.5) was read and signed by each of the participants. The duration of the interviews varied from approximately 30 minutes to a little over an hour. This basically depended on what the participants had to share. The interviews were conducted in private places with minimal interference to ensure that the participants' flow of thought was not disturbed. Once the interviews were complete and transcribed, the analysis began soon after.

Procedure

Ethical approval for this research was sought from the Ethics Committee at the University of Wolverhampton by completing form Res20a (refer appendix 7.2). Once approval was granted (refer appendix 7.1), the process of searching for potential participants commenced.

Prospective participants were shortlisted after their profiles on the websites of the British Psychological Society (BPS), British Association of Counselling and Psychotherapy (BACP), and United Kingdom Council for Psychotherapy (UKCP) were screened. Screening was based on the practitioners' experience of working with Indian or Asian clients. In order to confirm that the practitioners have worked indigenously, those shortlisted were sent an email containing information about the research being conducted. An information sheet (refer appendix 7.3) about the purpose of the research, a participant prequalifying sheet (refer appendix 7.4) for screening purposes, and an informed consent form (refer appendix 7.5) were attached to the e-mail. All six practitioners filled in the forms and returned them via e-mail indicating their interest in taking part in the research. The participant prequalifying sheet further confirmed that each of the practitioners practised indigenously. Henceforth, participants were asked to list a convenient date, time, and location (e.g. home or place of work), and once this was received a mutually agreed appointment for the interview was made.

Upon meeting the respective participants, I introduced myself and briefly explained the rationale behind the research. I also answered any questions they initially had and gave them an idea about how long the interview can take. I obtained their consent to record the interview using a digital audio recorder/dictaphone and politely requested them to put their phones on silent to minimise disturbances. Participants were advised that if at any time they wanted to stop the interview or recording they could do so. They were assured that all identifying information from the transcripts would be excluded or anonymised, and the data collected would be kept safely and securely on a locked computer.

During the course of the interviews, participants were encouraged to talk about their experiences. Efforts were made to be as non-judgemental as possible lest it affect the participants' contribution in any form. Attempts were made to follow the interview schedule throughout the interviews, and at the end, participants were thanked for taking part in the research. Additionally, notes were made if participants requested any information related to the study. Some participants had requested the names of books on indigenous or Indian psychology which was provided to them via e-mail soon after the interviews. As all participants had asked for the results and findings to be e-mailed to them, a note of it was made and the participants were assured that an electronic-copy of it would be sent to them after completion of the research.

Analytic Strategy

All six interviews were transcribed verbatim using 'Microsoft Word'. Each line and page in the transcript is numbered for ease of referral. Participants' names have not been included to ensure confidentiality, and they are referred to as Participant 1/P1, Participant 2/P2 and so on. The process of transcribing can be quite lengthy, so focus was maintained to ensure that non-verbal body language and pauses were also included in the transcripts. Whilst transcribing, it was realised that some words or short sentences were not clearly audible, and therefore not possible to transcribe. Hence, a note of this was made by writing 'inaudible' (where applicable) in the transcripts.

The starting point of analysis was the data from the interviews. To ensure familiarity with the data, the interviews were heard at least once before reading the respective transcripts. Following Langdridge (2007) and Willig's (2008) guidelines on how to

analyse data in IPA, the transcripts were read and re-read a number of times to get a general sense of the whole nature of the participants' accounts. Any initial thoughts or observations about this process were recorded in a research diary. Additional exploratory notes were written in the left-hand margin of the transcript. Once this stage was completed, any emerging themes that identified something essential about what was being said were noted in the right-hand margin.

The above process of making notes and themes was done for two participants, when the research supervisors suggested that to save on time the same procedure could be followed on a computerised copy of the transcript. Thus, instead of segregating the notes and themes in different margins, the electronic analysis incorporated different colours and fonts to differentiate between the initial notes and the themes. This saved time in having to do the analysis twice - first on paper and then electronically on a computer. Smith et al. (2009) state that there is no prescribed single method for working with data, and that the essence of IPA lies in its analytic focus. Hence, it seemed reasonable to go the modern route by following the research supervisors' suggestions and benefitting from the extra time saved.

All the transcripts were analysed for themes. A genuine attempt was made to ensure that the analysis represented as closely as possible the perspectives of the research participants. This is in accordance with Lincoln and Guba (1985) who suggest that qualitative studies should achieve 'trustworthiness' where the participants' perspectives are authentically gathered and accurately represented.

Thereafter, a framework was created to compare and contrast the information presented by the different participants. During this stage, the analysis was informed by the set of theoretical ideas which framed the research. After working through and reviewing the notes and emergent themes, attempts were made to identify whether there were common links between the themes. Those themes that naturally clustered together were identified and labelled while some were dropped. This process was repeated to reorder and restructure the themes for all participants.

Finally, a summary table of the themes was produced where each theme was linked to the originating text through reference to specific quotes, and identified by the page and line number. Lastly, a final table of themes was produced that represented all the participants in the research. This table drew the common themes from the individual tables of each participant.

Inter-rater agreement on coding: Initially, four master themes were identified but after brainstorming and reviewing with research supervisors, the coding of some of the themes was edited and rearranged. The identification and clustering of themes were discussed in detail and it appeared that some themes could collapse into one. The research supervisors acted as independent researchers and were able to assist in the confirmation of the code names and themes. Hence, the inter-rater agreement applied to about 80% of the themes between the researcher and both supervisors. It is acknowledged that this collaborative work involved reflecting further to maintain the credibility of the coding of themes, but as is the case in qualitative research methods like IPA, the process of analysing transcripts remains subjective.

Therefore, the final table produced three master themes (refer appendix 7.11). Also, as common themes had emerged during the analysis, it was decided that the total number of participants originally selected for this research was adequate because the views expressed by them were consistent and no further themes had emerged. This is in line with Patton's (1990) recommendations for determining sample size of research participants. Hence, no further interviews were conducted.

Analysis

Following the analysis of data, individual tables of themes (refer appendix 7.9) were constructed. From individual tables, a final table of constituent (sub-ordinate) and master (super-ordinate) themes was created. The themes were analysed using evidence from the participants' transcripts. Table 2 below demonstrates the master and constituent themes, and quotes from the participants. The master themes are underlined and are written in bold purple-coloured capital letters, while the constituent themes are italicised and are written in bold light-green capital letters. The sub-themes within the constituent themes are written in bold black letters. The colour coordination and font styles were introduced for ease of reference. Also, the themes are written in the left-hand column while the participants' quotes are written in the right-hand column. The extracted quotes include the page and line numbers. The three master themes identified are:

(1) Psychotherapeutic approaches and interventions;

(2) Obstacles experienced by Indian clients; and

(3) Suggestions for therapy with Indian clients.

MASTER THEME/*CONSTITUENT THEMES*	QUOTES FROM PARTICIPANTS
PSYCHOTHERAPEUTIC APPROACHES AND INTERVENTIONS	
WESTERN	
- Views and Uses of Western Therapeutic Approaches (e.g. Person-centred, Psychodynamic, CBT, and Existential therapy)	*I think there's two aspects…one is the theory and secondly is the structure on which they operate (Participant6 - Page 7, 190-191);* *Western is much more mind-oriented thinking (Participant3 – Page 6, 176-177).*
INDIAN	
- Experience of training in Indian therapeutic approaches	*I have no knowledge of that…haven't actually explored it…maybe something that I would like to do now that you've got me talking or thinking about it (Participant2 - Page 10, 276-287).*
- Perceptions around what Indian therapeutic approaches include and how it can be used in therapy (e.g. cultural beliefs/traditions, knowledge and understanding, spirituality, religion, and yoga)	*It's a spiritual based and maybe more religious based theory (Participant3 - Page7, 202-205);* *I don't know what Indian psychological theories are...I can tell you about things like the Gita…umm…yoga philosophy (Participant 6 - Page 3, 264-267).*
INDIGENOUS	
- Concepts drawn from and indigenously used in counselling	
· Meditation/Prekshadhyan	*If I'm in pain…I would just do the relaxation and tell myself I'm no longer in pain…I'm pain free…and literally I can feel the pain dissipate (Participant1 - Page 19, 553-555).*
· Guided relaxation/imagery/Mindfulness	*So within my session...I would focus on mindfulness relaxation...giving them 3 or 4 minutes break from that constant anxiety' (Participant5 - Page 14, 432-437).*
· Breathing exercises/Yoga	*So the breathing exercise which is very indigenous is something I find very very beneficial...it's not just physical it's also emotional (Participant4 - Page 7, 202-206);* *If people were having problems sleeping...instead of talking about...necessarily the psychology behind that...you may give a series of forward bends somebody might need (Participant6 - Page17, 540-543).*
· Cultural beliefs (e.g. rebirth, karma, and destiny)	*I think it's a gentle way of getting them to think about…you know…what is this all about…what is our destiny (Participant3 - Page 12, 342-343).*
· Spirituality/spiritual beliefs (e.g. Jain virtue of forgiveness and belief in a higher power)	*My spirituality enchains…it's about forgiveness. Forgiveness is the biggest thing you can do (Participant1 – Page 23, 663-664).*
- Why indigenous?	
· Relevance of indigenous techniques	*I can not only offer both but I can see from both sides…it gives us the two perspectives…the two sides…of how they can integrate and be healthy (Participant3 - Page 17, 484-490).*
· Effectiveness of indigenous techniques	*I feel like years of weight has been lifted…I feel like a new person…I feel like I'm floating in the clouds…I want to write a book on spiritual…so can you imagine...you know…you think…oh wow…oh well (Participant1 - Page 26, 775-778),* *And 80-90% of the time it works (Page 27, 800);* *I think it works for me because the DNA rate for me is about 2% (Participant5 – Page 15, 466-467).*
· Parallels with therapeutic approaches and philosophies (e.g. structure and	*Interestingly these techniques that I used were with people from here...British people (Participant4 - Page 12, 352-354).*

application)	
- Prospects of indigenous approaches and techniques	
· Teaching, practice, and research	*But these are not taught...this is the drawback we have (Participant4 - Page 16, 475-477), Why shouldn't there be practical teaching (Page 17, 91);* *The therapist needs to take those evidence and publish them...so there is a bit of public knowledge that this has worked (Participant5 - Page 30, 927-928).*
OBSTACLES EXPERIENCED BY INDIAN CLIENTS	
BARRIERS TO THERAPY	
- Stigmas (e.g. reputation/shame/embarrassment) and cultural taboos (e.g. adults/men do not show emotions)	*They are not able to tell anyone because they are worried…what the community will say or what the family would say...because it's a shameful thing (Participant 1 - Page 9, 257-259).*
- Lack of knowledge about professional counselling/confidentiality	*I have met a lot of South-Asians who do not even know what counselling is or psychotherapy is…and telling a stranger about the personal stuff is not something they will take to (Participant1 - Page 6, 154-157).*
- Age and/or gender differences with counsellor	*Working with the Asian males…they find it difficult to start off with…coming to the female counsellor…of my age group (Participant2 - Page 18, 536-540);* *Working with an Indian elderly woman for me would be next to impossible...really...cause they wouldn't wanna see me...most of the time...certainly not on their own (Participant6 - Page 19, 594-597).*
- Issues with similar/same cultural background as counsellor	*For them to come into therapy with a person of their own culture is something that they find very difficult…cause they automatically assume that I will be one of them…and therefore they are reluctant to come (Participant1 - Page 22, 642-648).*
SUGGESTIONS FOR THERAPY WITH INDIAN CLIENTS	
PAYING ATTENTION TO CERTAIN FACTORS	
- Context of client (e.g. familial, social, financial, and immigration/identity)	*Their context of the family...their orientation of friends and how the person sees himself or herself in that context and behaves...I think you've got to understand that in their own way for you to temporarily be part of their world (Participant5 - Page 7, 205-209).*
- Age/Age group of client	*I feel more able to use counselling theories and techniques with the younger generation. I would work slightly differently with the older generation (Participant2 - Page 17, 525-528).*
- Clients' needs or expectations from a cultural perspective	*I find that the Asian older generation want me to write them a prescription…give them a pill to make them feel better (Participant3 - Page 11, 324-327).*
- Role and use of language in therapy	*Sometimes there just isn't a word in English that I want...then I have to use a Punjabi word with that client. I think that one word actually sometimes can change the whole dynamics...the whole feeling...their whole understanding...or the connection between me and my client (Participant2 - Page 21, 624-631).*
- Therapeutic relationship, i.e. making clients feel welcome/comfortable; reassuring them and harbouring trust	*Although I have a professional identity, I choose not to bring that into the room. I choose to bring my personal identity to connect with the person and make that real for the person (Participant5 - Page 15, 446-455).*

Table 2: Master table of constituent (sub-ordinate) and master (super-ordinate) themes

1. Psychotherapeutic approaches and interventions

The first master (super-ordinate) theme identified during the analysis was the use of the different types of psychotherapeutic approaches and interventions by the participants. This theme throws light on some of the theories and approaches that participants have trained in and/or have knowledge of. Not all approaches were easy to understand but there were some that participants took a liking to or developed a preference towards as it appealed to them more. These theoretical approaches formed the basis of participants practice and influenced to a large extent the development of their counselling skills. With time most participants began to recognise some of the limitations of these approaches. This led to the exploration of other therapeutic techniques that participants' could learn about and add to their respective 'toolkits'.

The move towards building or acquiring of further knowledge is an interesting journey in itself often fuelled by personal and practical experiences. The constituent (sub-ordinate) themes share some of these insights. It gives us the participants' perspectives on Western, Indian, and indigenous psychotherapeutic approaches. It also gives us a glimpse of some of the interventions that participants' are currently using in their practice.

1. 1. Western approaches

All participants did their counselling training in the UK. The training institutes determine which approaches are offered and taught to trainees. The most common

approaches that participants have trained in include person-centred therapy, CBT and psychodynamic/psychoanalysis. Some participants have also trained in transpersonal and existential therapy.

"Umm…I trained in a dual theory course which was a Person-Centred and Psychodynamic theories" – Participant1 (Page 1, 6-9).

"So we've covered psychoanalysis, we've covered CBT, we've covered existential of course…umm…those are the basic models we've covered" – Participant4 (Page 3, 69-71).

All participants drew from the approaches they had learnt about and practised integratively. Of the therapeutic approaches mentioned above, the person-centred approach was the most commonly used in practice while psychoanalysis was the most hard to grasp. From a learning perspective, participants experienced difficulties with some of the Western psychotherapeutic approaches. On a personal level, a couple of participants acknowledged that they had issues with learning per se and added that sufficient time was not being spent on teaching intensive courses like CBT. This was the case for participants who had completed the diploma as well as the MA. In fact, the latter participant was referring to the doctoral programme which highlights that the time spent on teaching these approaches at both levels are insufficient.

"I've been on a course...a year course...introduction to analytical therapy...but it's quite daunting. I...I find it so daunting" – Participant3 (Page 4-5, 127-128).

"They did teach us CBT and mind or meta kind of things and we did briefly touch it in like one day but it didn't take you to the level that you experience it yourself" – Participant1 (Pages 2-3, 58-63).

"I definitely wanted to know more both about psychoanalysis and CBT. They're both very interesting and very intensive…so…yes...the one module I felt was not sufficient to cover all that we would like to know but of course...it feels as if...that's what's available...that's what you take" – Participant4 (Page 4, 93-96).

The general view participants held about Western approaches to counselling is of its dual nature or characteristics. On the one hand, Western therapeutic approaches provide theoretical knowledge, and on the other they provide the basis or structure on which counselling takes place. Participants seemed to value this and find it essential for counselling practice.

"Well I mean the...the basic premise of them...I think there's two aspects...one is the theory and secondly is the structure on which they operate" – Participant6 (Page 7, 190-191).

"I think the Western counselling theory…you couldn't actually do counselling without them…as far as I'm concerned" – Participant2 (Page 9, 249-250);

"Without that learning the theory…the person-centred theory…without the training...without actually…you know…uhh…being part of group…learning to do counselling…I wouldn't have been able to go out there and do counselling. So the theory has a lot to do with it"- Participant2 (Page 9, 256-259).

In addition to being indispensable to the field of counselling and psychotherapy, Western theories and approaches are perceived as being flexible, and helpful in the

understanding of how the mind and behaviour function. In general, they are seen as a mind-oriented approach which focuses on the 'self' or the 'individual'.

"I think the Western idea of applications of psychology is a lot more wider and offers a lot more flexibility…basically in terms of cultural backgrounds of people" – Participant4 (Page 5, 120-121);

"Western is much more mind orientated thinking" – Participant3 (Page 6, 176-177); "Western is much more individual" – Participant3 (Page 8, 224-225).

"I think its mind based. It's like very much a thought based psychology" – Participant5 (Page 6, 185-186).

Although Western theories and approaches have a lot to offer, participants recognise that they have limitations as well. Each theoretical approach has a different emphasis or point of focus compared to the others. For instance, person-centred helps in connecting with clients and building a relationship, psychodynamic explores a client's past experiences and its influence on their present way of being, and CBT may look at a client's presenting problems in the form of a medical model of disorders and symptoms. Thus, Western theories can be quite particular, and within their distinguishing characteristics they can be quite restrictive as well.

"I've been on a couple of…umm…introductory training courses in CBT…uhhh…when you look at it…it's not effective for everyone" – Participant1 (Page 3, 74-75).

"I think you're trying to fit people's experience and trying to understand in a very scientific way. I think that...that to some extent is helpful but I think in the purest form there's a lot of limitation to it" – Participant5 (Page 7, 191-193).

"But some cultures have very strong view and I don't know how you would work with them in a Western model. So they're limited...the...the...they're designed essentially by White men for...in a particular context" – Participant6 (Page 8, 242-245).

Thus, the participants, who are Indian counsellors and therapists in the UK, have all trained in a variety of Western therapeutic approaches. Their general consensus is that Western approaches and techniques are an integral part of the therapeutic process without which counselling may not be possible. What is evident is that they are extensively using Western approaches in their practice with clients. While a specific approach may not be appropriate for use with a client, another may not be appropriate for use in a particular setting, or an approach may suit one client and not the other. As such, the participants are aware of and acknowledge that Western approaches are not devoid of limitations. They recognise that not all Western theories look at cultural factors and values of clients which led them to explore other avenues that they could draw from and use in their practice.

1.2. Indian approaches

As Western therapeutic approaches were not found to be relevant or could not be applied to Indian clients in some cases, the participants turned to Indian approaches to support their work and to compensate for those aspects that Western approaches could not address. However, Indian psychotherapeutic techniques and approaches are not

specifically taught in counselling training programmes in the UK, and it turned out that the participants did not initially explore or look into it whilst training. At the first instance their reaction was of not knowing about Indian psychological theories but at the same time some participants felt they could be beneficial, nevertheless.

"I haven't actually done any work with any Indian psychological theories" – Participant1 (Page 6, 180).

"I don't really know much about Indian psychological therapies" – Participant3 (Page 7, 200).

***"**I have no knowledge of that to be quite honest. So I can't really say but if somebody may have…was to tell me a little bit about it…then I can say…yeah yeah…actually I agree with you on that one…I don't agree with you…but I haven't actually explored it…maybe something that I would like to do…you know…now that you've got me talking or thinking about it…is something that I think…umm…would…I could benefit from...you know…exploring the Indian psychological theory" – Participant2 (Page 10, 276-287).*

Later on, some participants alluded that Indian psychology incorporates cultural beliefs such as *karma*, rebirth, faith, and destiny. They believe that it is multi-dimensional and encompasses spirituality, religion, morals and values, Indian philosophy, and cultural beliefs. Some participants even linked it with concepts from the philosophical holy Hindu text, the *Bhagavad Gita* and also yoga.

"I don't know what Indian psychological theories are...I can tell you about things like the Gita...umm...yoga philosophy…" – Participant6 (Page 9, 264-267).

"But what I do know is...I...from my perspection...err...perspective...that it's a spiritual based...and may be more religious based...erm...theory" – Participant3 (Page 7, 202-205).

Although there were no attempts to provide a formal definition of Indian psychology, participants gave a practitioners' view of what it might be like as a psychotherapeutic theory or approach.

"I think Indian psychology can be really traditional in its approach and a very very rigid mindset if I can use that word. So that flexibility would be missing and also it...it may not cater to different cultural backgrounds of people" – Participant4 (Page 5, 137-139).

"I think that the Eastern or the Indian is more...much more collective theory..." – Participant3 (Page 8, 223-224).

"I would say that Indian is more integrated...more synchrotic" – Participant5 (Page 11, 327).

So the participants seem to have an awareness of what Indian psychology entails but they have limited knowledge or experience of it. Those who have some knowledge about the culture, philosophy and traditions, seem to have acquired it through informal means such as growing up in the Indian culture or living in an Indian family where knowledge is passed down generations.

"And I tried to…you know…pass on some of my own cultural…umm…knowledge, beliefs…uhh…techniques to my next generation and even next generation after that…you know…two generations down…I'm trying to pass it on…and I'm still doing from…stuff that my grandmother told me" – Participant2 (Page 33, 995-999).

"I think we're all born and bought up going to that culture. So I don't think you have...you have to specific...specifically go to a college to learn...we all know that" – Participant5 (Pages 11-12, 345-348).

Some others recognised after completing their counselling course that they needed to do further training in specific techniques that may be useful for the Indian client group.

"Here in London…we've had a number of Jain monks and nuns come…and we've had the opportunity of learning our religions and learning so many things" – Participant1 (Page 18, 525-527).

"I've been studying...erm...yoga philosophy for the last...about 4-5 years" – Participant6 (Page 13, 405).

Thus, on one hand, are Western psychotherapeutic approaches that participants have formal training in. They are well aware of them, use it in practice, and can describe them in detail. On the other hand, there are the Indian therapeutic approaches that are not explicitly taught but participants have some knowledge about. These are mostly learnt through word of mouth from elders in the family and community. Those participants who learnt about spiritual and religious aspects and yoga philosophy, did so

on their own accord as it was not part of their counselling courses. So there is no methodical training available when it comes to Indian psychotherapeutic approaches. Instead, participants take it upon themselves to develop a style of working that feels appropriate, is relevant, and addresses Indian clients' needs.

"I have developed my own way of working…knowing the culture" – Participant1 (Page 7, 182).

***"**You can easily tailor-make some of your techniques and bring that as a tool to be used in their context. So that gives you the sort of...uhh...richness" – Participant5 (Pages 7-8, 218-221).*

"I would work with them in a very different way. I would relate to them...you know...in a very different way. Erm...I'd be probably much more informal and I would use terms like 'Uncle'...I would do all those things...no problem" – Participant6 (Page 18, 574-576).

So participants begin to merge knowledge of the Indian culture, the traditions, and the morals and values in a way that makes the therapeutic process more pertinent for Indian clients. Although the participants primarily practise in a Western setting and use Western therapeutic approaches, they eventually assimilate, adapt, blend and integrate them with Indian approaches and techniques to make it more culturally appropriate for their clients. Using an eclectic mix of traditional Indian and Western concepts to achieve the desired results indicates moving towards the use of indigenous counselling interventions by the participants.

1.3. Indigenous approaches

Indigenous approaches include concepts that participants draw from Indian psychotherapeutic approaches and synthesise with Western psychotherapeutic approaches. While counselling clients, the basis of the participants' practice is Western, i.e. structured therapy sessions of 50 minutes and use of skills such as empathy, unconditional positive regard, and transference. Where these approaches are not deemed as relevant to the client's context or seem insufficient, participants refer to traditional Indian concepts. The amalgamation of the two produces an indigenous approach or intervention that seems suitable or apt for Indian clients in a Western counselling setting. The different types of indigenous counselling interventions being used by participants, their descriptions, uses, and who they might be beneficial or useful for are mentioned in the excerpts below:

a) Meditation/Prekshadhyan –

"I've trained in prakshadhyan...prakshadhyan is an ancient Jain way of meditation" – Participant1 (Page 17, 507-508);

"I thought its fantastic…like If I'm in pain…I would just do the relaxation and tell myself that I'm no longer in pain…I'm pain-free…and literally I can feel the pain dissipate" – Participant1(Page 19, 553-555).

Prekshadhyan or Preksha meditation as a technique goes back thousands of years. It is a Jain meditative technique that can have a relaxing effect and can also be useful for pain relief. It is possible to apply the technique on oneself. So clients who present psychosomatic symptoms can learn about it from a trained therapist such as participant1 above and apply it on themselves. When used indigenously in a counselling session,

there can be a dual effect of relief from physical pain and also emotional pain as clients may be able to discuss in detail their emotional difficulties with the therapist.

b) Guided relaxation or imagery/Mindfulness –

"I would focus on mindfulness relaxation...giving them 3 or 4 minutes break from that constant anxiety and making them feel how they actually feel that for 4-5 minutes...why they don't feel anxious...and then encouraging them to replicate that back home when they go home. So I think it's more experiential...again by doing that you know...I'm trying to bring mind, body, and soul together in that constant formulation" - Participant5 (Page 14, 434-439).

Participant5 believes that the use of mindfulness-based techniques for a short duration during the counselling session can help clients to relax. Once clients feel calmer, the therapist can make them aware of their relaxed state, and encourage them to reflect on why they did not feel anxious whilst doing the relaxation. This helps clients to develop a better understanding of their anxieties. In this manner, the mind (clients' thoughts and reflections), body (the physical sensations of anxiety), and soul (the feelings experienced and the understanding of what was happening) can be brought together and put in a formulation to suggest how the difficulties affect each of these elements. This tends to make the therapeutic process more experiential. Clients can also be encouraged to replicate the relaxation techniques at home or outside so they can continue to benefit from them as and when required.

"I have things in my toolkit…I even do guided relaxation…because they maybe all over the place…they maybe feeling anxious…they may have issues that make them feel so…like lost" – Participant1 (Page 15, 495-500).

Similarly, participant1 uses guided relaxation as part of her 'toolkit' whilst working with clients who present with anxiety. She also uses guided imagery techniques. The participant reckons that when anxious, clients may be so overwhelmed that they may feel lost and not know where to begin to sort their problems. The relaxation technique can help clients slow down and help them focus on the causes of anxiety so they can understand it better and take efforts to reduce it.

c) Breathing exercises/Yoga –

"I have had quite a few clients who have come to me with panic attacks and anxiety disorders. So the breathing exercise which is very indigenous is something I find very very beneficial. Uhh...so it's not just physical, it's also emotional. So I find...I use that quite a lot" – Participant4 (Page 7, 203-206).

Participant4 uses breathing exercises with clients that experience panic attacks and anxiety. According to the participant, these problems are not just physical but they are also emotional. So breathing exercises, i.e. slow and deep breathing, can promote relaxation. Once the body relaxes, the level of anxiety or panic also reduces. As a result, the person is likely to be emotionally stable and feel more able to do tasks or activities that the panic or anxiety was restraining them from doing.

"Instead of talking about cravings...I will give them a breathing practice for example. If people were having problems sleeping...instead of talking about...necessarily the psychology behind that...you may give a series of forward bends that somebody might need" – Participant6 (Page 17, 540-543).

In addition to panic disorders and anxiety, breathing exercise can also be useful for issues like addiction (cravings). Other yoga exercises such as forward bends can be helpful for clients who present with sleeping difficulties like insomnia. Some Indian clients may not want to discuss the psychological causes behind their problems, or talking about it may not be beneficial for them as their goal is to first address the problem per se. Therefore, sometimes therapists working with Indian clients may need to maintain a level of flexibility. They may have to work at the client's pace and employ non-Western therapeutic interventions that may be more suitable for the issues they present.

d) Cultural beliefs (e.g. rebirth, karma, and destiny) –

"Or they get somatic...you know...psychosomatic symptoms because actually they can't get to their feelings. Umm...so I guess I help them to more...see more...get to more of their feelings. I think it...it's a gentle way of getting them to think about...okay...what is this all about...you know...what is our destiny" – Participant3 (Page 12, 336-343).

Many Indian clients are not aware of or used to the concept of talking about their difficulties. The suppression of feelings over the years can result in psychosomatic symptoms (Greenberg and Safran, 1987). By bringing in cultural concepts of rebirth or reincarnation, karma, and destiny where appropriate, therapists may be able to enter their clients' worlds. As Indian clients may relate to these concepts and cultural beliefs, they may feel less resistant or reluctant to talk about their feelings and difficulties. So

the therapist may get more access to them and can encourage them to engage in the sessions.

e) Spirituality/spiritual beliefs (e.g. concept of forgiveness and belief in a higher power)

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"My spirituality enchains…it's about forgiveness. Forgiveness is the biggest thing you can do. Clients who may have suffered sexual violence or abuse like domestic violence…that happened when they may have been about 8 or 10…now they are in their 50's and 60's…but when they're sitting in that chair…they are that little person still suffering the same pain…they've lived with it for so many years and it still is like a person still abusing them. So how do you make them move on? Of course they talk about it…their experiences…of course they talk about how they felt…of course they talk about how they did not get support from their parents…how they did not find help. What is the next step once they have done all the talking…and they will ask me…so now what? I want to be free of this thing. It's when I would give them this key…they call it the key of forgiveness" – Participant1 (Page 24, 663-680).

Forgiveness is one of the virtues of Jain religion. It can be used with clients who have suffered from different forms of abuse and who find it hard to move on. As discussed earlier, Indian clients may not find it helpful to just talk about their painful experiences. They might be looking for techniques or strategies to help them move on and would often ask their therapists for answers. Western approaches to counselling may not be able to provide answers as they tend to be non-directive. Indigenous approaches and techniques can be useful as they provide culturally relevant interventions. So in the case of Indian clients who have experienced sexual abuse or domestic violence, the Jain virtue of forgiveness would require clients to think of forgiving the perpetrator(s) every time they think of them. It may initially be difficult but when practised with belief and conviction it can help clients to let go of their emotional pain and move on.

Thus, as can be seen, participants have been using a variety of Indian concepts indigenously in their practice. This is despite the limited knowledge and little or no training they have had in these approaches and techniques. One of the primary reasons participants use Indian indigenous interventions and approaches is because of their relevance to Indian clients. It gives two perspectives, Indian and Western, to both the participant as a practitioner and their clients' which can be quite helpful in understanding the dilemmas, experiences, difficulties, issues, and problems presented. Moreover, with globalisation comes immigration where people settle in cities or even countries that are different from that of their origin, for example, Indians coming into the UK to work and live. With them they bring their own indigenous beliefs and values, and to work with them from solely a Western or Indian perspective could be quite limiting or debilitating. Similarly, families are turning multi-ethnic with inter-cultural marriages taking place and the next generations incorporating elements from both cultures. So working with them indigenously can be more congruous and help in understanding the clients' context better. Some of these opinions are shared below:

"I think it helps them as well because I can not only offer both but I can see from both sides and it gives us the two perspectives…the two sides of how they can integrate and be healthy" – Participant3 (Page 17, 484-490);

"It would be helpful that its many dimensions rather than one dimension...because we live in a multicultural world" – Participant3 (Pages 24-25, 710-713).

"Although they are born in this country but they dispute value system there...one side they are identifying themself with the local indigenous group but in a family structure their values are quite strong. So somebody who comes to me on that context...you

know...I'm just marrying both understanding that I have into making something which is very personalised for them" – Participant5 (Page 20, 612-616).

Participants have found that the use of Indian indigenous interventions is not just relevant but are also significantly effective. Below they share some of their success stories and describe how their clients have reported feeling as a result of using Indian indigenous approaches and interventions in therapy.

"I feel like years of weight has been lifted…I feel like a new person…I feel like…you know I'm floating in the clouds…I feel like…you know…I want to write a book on spiritual brew…so can you imagine…you know…you think…oh wow…oh well…you know" – Participant1 (Page 26, 775-778);

"And 80-90% of the time it works" – Participant1 (Page 27, 800).

"You know the DNA rate for me is about...you know...2%" - Participant5 (Page 15, 467);

"My attendance is very very high...extremely high...and in my service that I work...recalled by my clinical lead...(laughs)...that's very encouraging"- Participant5 (Page 15, 472-473).

Relevance and effectiveness are not the only reasons why participants have been using Indian indigenous approaches in their practice. There are other reasons as well. Indian indigenous approaches are quite similar to Western approaches that the participants have already trained in. It was earlier established that integrating Indian concepts with Western psychotherapeutic approaches produced an Indian indigenous approach or intervention. Therefore, an element of Western therapy predominantly exists in the Indian indigenous approach which the participants structure their indigenous practice

on. Subsequently, both the Indian indigenous approach and the Western therapeutic approach turn out to be quite similar in their structure and application. Some of the parallels that run across both approaches are given below:

"If I feel the client…when they arrive…they are in a state…that they've had a difficult week or they've had an argument with a partner…or whatever…I would put it to them…right…at the end of the session…would you like us to do this…but I can never enforce anything or anyone…it is about putting to them…even when I'm working with them in a theoretical aspect…I would put it to them…about whatever I think maybe going on…and obviously they have the right to dispute it…or…it's all right or do nothing about it…so this works in the same way" – Participant1 (Page 20, 575-590).

So both the Indian indigenous approach and Western approach believe that clients should not be forced to try anything that they do not want to. The idea is to go at the clients' pace and to respect their decision in terms of trying a psychotherapeutic technique or intervention. Another parallel between both approaches is their flexibility in terms of their application to clients of other cultures. Participants have been using Indian indigenous techniques and interventions with Polish and British clients, who have found them to be quite useful. So the use of Indian indigenous techniques may not have to be limited to Indian clients alone. It can be equally beneficial for other Asian clients and Western clients. This can change the perception of those who feel that having a counsellor from the same cultural background is likely to be more helpful than having a counsellor from a different ethnic background. Conversely, if Indian indigenous techniques are taught to Western counsellors, then they may also be able to achieve greater therapeutic success in terms of therapeutic outcome and attendance with Indian clients.

"I've seen Polish, Czech people as well and I work in the same way with them" – Participant3 (Page 23, 666-667).

"Interestingly these techniques that I used were with people from here. British people...umm...well all my clients are British at the moment. So they found it very very useful and I don't see any reason why I have to use indigenous techniques only with Indians" – Participant4 (Page 12, 352-356).

Thus, so far, participants' experience of using Indian indigenous techniques in therapy with clients in the UK has yielded several results. The participants have used different types of Indian indigenous interventions with Indian and Western clients. The use of Western or Indian approaches on their own may not have been relevant, and the indigenous techniques were able to bridge this gap by offering different perspectives on the presenting problem(s). The use of such techniques was found to be quite effective, such that clients felt more comfortable or at ease during the counselling sessions and even attended them regularly instead of dropping out. They also experienced a dramatic effect on how they felt. Moreover, the techniques seemed to have parallels with Western therapy in terms of the structure, e.g. 50 minute weekly sessions, maintaining boundaries, and respecting clients' choices. Yet, the participants have expressed disappointment that the interventions are not taught and that they had to learn about them from their own experiences, interests, and efforts. There was a general consensus that if indigenous approaches were taught in counselling courses, both therapists and clients would benefit from it.

"I think only if you worked in a culture specific service like that do you really know what the magic of something like that can be...and it's much more than looking at the individual interventions. They don't really touch that really" – Participant6 (Page 16, 511-515).

"When you read books…yes…you get practical ideas but to really know…you have to be working with them" – Participant1 (Page 16, 459-460).

"Benefit from it...yes...definitely! And so will the clients! But these are not taught...this is the drawback we have. It's not a taught...erm...course as such" – Participant4 (Page 16, 473-477);

"And not just depend on the theory. Why shouldn't there be practical teaching?" – Participant4 (Page 17, 489-491).

"I think if it can be taught in that way…it would be huge' (Page 22, 650-652).

In spite of the criticisms participants hold, they strongly believe that research could point out the usefulness and efficacy of Indian indigenous approaches and techniques to generate awareness amongst counselling professionals. Participant5 expressed his views about it. He felt that there was a need for people who practise indigenously to write about their experiences in books and journals so other professionals are aware that indigenous techniques are indeed beneficial. Once the results and findings are published, there may be more acceptance of indigenous techniques as being useful and scientifically backed. This would provide opportunities to look at other interventions that can be brought from India and/or other countries which could further help develop counselling skills and the theoretical knowledge.

"That got to be conquered over time by people who are practising this...and not just practising this in their sessions but also publishing books...results in journals...people can see from the evidence...we don't have evidence of this much" – Participant5 (Page 29, 924-926);

"This gap would be narrowed much faster than I think and there is going to be much more sort of a acceptance of what we do here...what we can import...from abroad" – Participant 5(Page 30, 938-940).

Thus, going by these statements, Indian indigenous approaches and techniques do seem to have prospects to grow and contribute to the knowledge of counselling psychology. This can be done by conducting research to tap into its many uses and dimensions. However, before research looks into the future prospects of indigenous approaches and techniques, it should also investigate some of the obstacles and barriers Indian clients experience when it comes to counselling and psychotherapy. These may include the reasons why many Indians do not want to see Western therapists or not go for counselling itself. Participant6 raises this point,

"Well you'll certainly have an aspect of what's useful but I think it needs to be broader than that. It needs to be looking and thinking outside the box of what gets people to the door and stay there...you know...work actually happens when you close the door...when you're sitting down with someone...of course that's important...it's only part of the equation" (Page 24, 762-768).

In the following theme, participants have been able to identify some of the obstacles they have experienced whilst working with Indian clients. Some participants have also shared how they were able to overcome these barriers to therapy. Their experiences, thoughts, beliefs, and suggestions are included in the second master (super-ordinate) theme.

2. Obstacles experienced by Indian clients

Throughout the interviews, participants have expressed that whilst conducting therapy with Indian clients, they have experienced several barriers that come in the way of the counselling process as well as the counselling relationship. These range from stigmas or taboos associated with counselling, lack of knowledge about professional counselling and confidentiality in general, age and/or gender issues between the client and counsellor, and issues around the same/similar cultural background of the client and counsellor.

2.1 Barriers to therapy

The first barrier that needed overcoming, according to participants, was the stigmas and cultural taboos associated with counselling amongst the Indian population. The stigmas revolved around mental health or seeking help for it, and the shame and embarrassment these bring for the person or family experiencing it. Participant1 shares some of her experiences below:

"With the elder clients that I was working with…firstly even to break that…umm…thing of stigma…feeling that they are unable to talk to anyone…they…the people I've worked with…had been carrying such deep issues which were showing up as psychosomatic problems…and they'd been carrying them around for maybe 30 years…40 years but were not able to tell anyone because they worried…uhh…what the community will say or what their family would say…because it's a shameful thing" (Page 9, 249-259);

"They did not want to be seen to be having problems within that crowd" (Page 10, 276-277);

"They all had the same stigma fears. Fears about what will the people say…how will it affect my status. You understand Hindi? "Log kya kahenge" (what will people say)…mm…"meri izzat" (my reputation)" (Pages 15-16, 450-457).

Participant5 adds that within some cultures, the expression of emotions by women is acceptable but there are different social norms for men around being emotionally expressive. This may be useful for therapists who work with Indian men and wonder why they are unable to express their feelings. So culture may have a role to play here.

"Sometimes the expression of an emotion is something...culturally is not encouraged in this country" (Page 21, 653-654);

"A man point of view is a bit taboo in this country...about emotion in a man" (Page 21, 658-660).

As long as such cultural barriers exist, it may be hard for people to access counselling in the first place. In order to transcend the stigmas and cultural taboos, Participant1 suggests going into the communities and talking about counselling and the counselling services available to spread awareness. Also, leaving behind contact details such as pamphlets or cards for people to take with them gives them an opportunity to think about what is being offered and consider accepting the help extended to them. This can to some extent minimise the taboos and stigmas associated with counselling.

"I was going into these communities to say…look we are providing free service of counselling…and I could talk to about hundred people at a go to say…this is what it is…this is what happens…if you feel this is happening to you…like you feel depressed or whatever else…you're able to come and talk…and there's a lot of attention being

paid but when you say…okay now…it's time to ask questions…everything is eerily silence…and the first few times I used to think…okay…they don't have any problems" (Pages 9-10, 266-274);

"I would leave leaflets with information in various languages and I'd have taken quite a few…I quietly leave them on the table…when I finish the talk…they are all gone…and that answered all my questions. So it was learning as I was going" (Page 11, 303-308).

"When I have gone…I would receive calls saying…look we really enjoyed your talk…we want help. So the first barrier was broken" (Page 10, 283-285).

Another obstacle experienced by participants was that many prospective as well as some current Indian clients did not know what counselling was in general. Talking about personal matters with someone else was not something they would do or they might be very apprehensive about. They were also unsure of confidentiality and feared that the therapist would not 'keep it all to themselves' and would go out and talk about their problems with other Indian people. This was another reason why they did not go for counselling.

"I have met a lot of South-Asians who do not even know what counselling is or psychotherapy is…you know…and I worked with a lot of older people and telling a stranger about their personal stuff is not something they will take to" – Participant1 (Page 5, 154-157);

Likewise, some Indian clients only start to engage in therapy after they come to realise that their (Indian) counsellor is a professional and is trained to do counselling. Once they recognise that, they feel reassured and relaxed and are able to get over that initial barrier.

"They find it difficult to start off with…uhh…to accept that there's a…I'm a professional person working with them…but then as soon as they get over that little bit…then they are very good…they respect…they work…you know…that mutual respect starts to happen…and then I think we start working together…then I can start explaining things like the grieving process" – Participant2 (Pages 16-17, 487-495).

Another common problem experienced by the participants was working around age and/or gender differences with their clients. They explain that sometimes the age gap between the Indian client and therapist, or the gender difference between them, or a mix of both could potentially deter the clients from coming for counselling or come in the way of counselling itself. For instance, a young Indian woman may not want to work with an older Indian female therapist, or an elderly Indian woman may not want to work with a younger male therapist or vice-versa. This may occur because of transference issues where the former client may sub-consciously or unconsciously see her therapist as a strict grandmother with whom she cannot discuss about her relationship issues. Similarly, the latter client may see her therapist as a son/nephew/son-in-law and thus feel uncomfortable in talking about her difficulties with him that she might not have felt if she was working with a female therapist. Some participants share their experiences below:

"I had a young girl…I worked with her for a long time actually. She was the one who was trying to choose whether to marry this guy and so on…and when she first came in…'cause I think I must've looked like her grandmother to her…you know…and she had a real fear of telling her grandmother…grandparents finding out what's going on…and I think it was really difficult for her to start off with. So she put up with bit of…umm…you know…barrier…" – Participant2 (Pages 18-19, 551-560);

"Working with the males…Asian males…they find it difficult to start off with…coming to the female counsellor of my age group"- Participant2 (Page 18, 536-540).

"Definitely...I mean I think...erm...working with an Indian elderly woman for me would be next to impossible...really...'cause they wouldn't wanna see me. Most of the time...certainly not on their own" – Participant6 (Page 19, 594-597).

In addition to the above issues, participants also reported that some Indian clients did not want to work with an Indian therapist. This may be based on the assumptions and preconceived notions they held about them. They may doubt the possibility of an Indian therapist being able to help them and even lack faith in them. For instance, a British-Asian client may be experiencing conflict at home with his/her Indian parents. Given the experiences he/she had, it might be hard for that person to acknowledge that an Indian counsellor can actually help or understand him/her when his/her parents or other family members did not. Thus, they may doubt the capabilities of an Indian practitioner or their ability to make any difference whatsoever. They may shut down or even drop out of therapy. In such situations, the culture can come in the way of therapy. Fortunately, according to the participants, those clients who overcame this barrier and carried on with therapy realised that the assumptions they made were incorrect. They were then able to appreciate therapy and the therapeutic process.

"They are at war between the two cultures because they cannot understand why is it so difficult at home and why is it not outside? For them, to come into therapy, with a person from their own culture is something that they find very difficult…'cause they automatically assume…not that they would get that experience…that I will be one of them. And therefore they're reluctant to come but once they do actually come and find that oh...within a couple of weeks they'll come and say…I have something to tell you (participant's name)…I have to make a big apology to you…I say why…because I did not want to come to an Asian therapist…okay…so why…because all Asians are X, Y and Z and they will want to know the ins and outs of my problem, and then they will go and talk about it, etc. etc. etc." – Participant1 (Page 22, 641-653).

In summary, participants have been able to unearth some of the most common barriers that Indian clients in the UK experience in therapy. Through their personal experiences they have been able to share some useful ideas around how to encourage Indian clients to seek therapy and remain in therapy until completion. By giving talks or holding discussions within the community, it is possible to address and eradicate to some extent the stigmas and taboos associated with counselling or any other issues people may have. By leaving contact details for people to take with them, prospective clients get a chance to think about counselling so they can gather courage to take the first step towards making contact. By acknowledging the dilemmas clients may experience around counselling and by reassuring them that therapy is confidential, clients may be more inclined to give therapy a try. Together, these can help in overcoming the obstacles to therapy. However, in order to ensure that the clients make the most out of counselling, other factors also need to be paid attention to.

3. Suggestions for therapy with Indian clients

Up to now, participants have identified the different types of approaches and interventions they use in their practice, and the reasons why many Indian clients hesitate to be in therapy even if they are in need of it. Participants have tried to understand and come up with solutions to counteract some of these problems but it seems that the suggestions made above are not sufficient. They urge professionals working in a counselling or psychotherapeutic capacity to pay attention to other factors that can also influence the success of therapy with Indian clients.

3.1. Paying attention to certain factors

Participants observed that while counselling Indian clients in a Western capacity or setting, it was probable that many factors related to clients' backgrounds were overlooked. This can have an impact on the client as well as the therapeutic relationship. Clients can feel that the therapist is insensitive or that he/she would just not be able to understand their perspectives. As a result, they may withdraw and the therapist may be left wondering what went wrong as they were following all the protocols taught to them during training. Clients may presume that all counsellors and psychotherapists are alike and therefore not undergo counselling again, while therapists may feel that they cannot work with Indian clients. Thus, several things can happen that can lead to misunderstandings and miscommunications which is not needed at a time when the clients are on the verge of deciding whether therapy is likely to help or not. Hence, the participants suggest that whilst working with Indian clients, attention should be paid to the context of the client (e.g. social, familial, or financial); the age/age group of the client; the expectations clients may have from a cultural perspective; the role and use of language in therapy; and finally, the therapeutic relationship which can affect how comfortable clients feel with therapists, whether they can be trusted, and so on.

Some participants highlight that while working in a Western setting and using Western therapeutic approaches such as the person-centred approach, it may be that the (Indian) client is also seen from a Western perspective. The focus is on them as an individual which includes their thoughts, feelings, and behaviours. Their identity, for example, as an Indian living in the UK or their social and financial context may be overlooked. The

participants point out that while working with Indian clients, their context must be taken into account for therapy to be effective.

"Their context of the family...their orientation of friends and how the person sees himself or herself in that context and behaves...I think you've got to understand that in their own way for you to temporarily be part of their world" – Participant5 (Page 7, 205-209).

"They are very…sort of…uhh…social group. They are not individualistic…you know…it revolves around families…the extended families…communities…and it's important for them to be seen in a particular way" – Participant1 (Page 7, 183-191).

Another factor that participants feel is important to consider while working with Indian clients is their age or the age group they belong to. It is important because it affects the way therapy is conducted. For example, participants have found that it is easier to use therapeutic skills and techniques with younger Indian clients who may have an awareness of counselling. Also, it is possible to work within the boundaries and therapeutic framework with them, whereas with older Indian clients, therapists may need to loosen their boundaries a bit to ensure that the clients are still engaging in therapy. Participants agree that when it comes to the age or the age group of Indian clients, there is a demarcation as to how they would work with them. This knowledge or information can be quite useful for those practitioners who may sometimes struggle to understand why therapy is not as effective for their Indian clients in comparison to the Western ones.

"I feel more able to use my…umm…counselling theories and the techniques with the younger generation than umm…and I would work differently…slightly differently with the older" – Participant2 (Page 18, 525-528).

"I lean more towards the spiritual side with my older Indian clients. Not all...most of the older ones. And maybe with my...the younger ones...the ones that can speak very good English language...and much more...I can use both" – Participant3 (Page 10, 282-289).

Adding to the factors that need attention, participants suggested that Indian clients' needs or expectations from a cultural perspective should also be explored. The participants recognise that they may not always be met but it is helpful to know about them so that they can be discussed and explored in therapy rather than be ignored or avoided.

"You have this faith in your therapist...and you expect that the therapist will help you wherever you need to be. But when the therapist sort of says…okay that's not my work…I'm giving the work to you…go and do it…I don't think that helps. It makes that person feel like they are not important…umm…the therapist doesn't care and quite often they will not return for therapy because their needs are not being met. I think it's so important to know that your clients' needs are being met. And culturally we have a different way of looking at that" – Participant1 (Page 5, 126-140).

"I think it's mainly to do with the time keeping. And paid clients…you know…they think 'cause I'm Indian…oh…she will...you will give me counselling at a discounted price" – Participant2 (Page 29, 874-878).

According to a few participants, some Indian clients expect them to diagnose their problems and treat them like a doctor would. They may expect a pill as a quick fix for their problems.

"You expect the doctor will give you something for whatever your condition is…but if you go to a doctor and they said…so okay…tell me what I should give you…how does that feel? You know…it's giving back the client…the thing that you know…you become your own doctor…it doesn't work" – Participant1 (Page 5, 142-147).

"I find that the Asian older generation want me to write them a prescription…give them a pill to make them feel better" - Participant3 (Page 11, 324-327).

Another factor counsellors need to consider is the use and role of language in therapy. Many Indian clients may not speak English and for them to be in therapy with an English-speaking counsellor would be futile. Instead, they may need to work with an interpreter or a counsellor who can speak their language. According to the participants, several things need to be considered if therapists conduct counselling sessions in the national or regional languages of India. Some Western psychotherapeutic approaches like CBT may not entirely work if therapy is conducted in different languages because some technical terms or English words may not have an equivalent translation or vice-versa. At the same time, the use of some words in the respective Indian languages can have a deeper impact on the client and the counselling process. For instance, clients may get a profound understanding of their problem or what is being discussed, and they can feel 'much more' understood by their therapist. It can also change the dynamics of the therapy, and form a deeper connection between the client and the counsellor. Some of these views are shared below:

"They could not communicate in English or be in therapy that was in English. I speak several languages which has helped me overcome that...and I find CBT is something that cannot quite often be applied when there is a language barrier" - Participant1 (Page 4, 107-112).

"Sometimes there just isn't a word in English that I want...then I have to use a Punjabi word with that client...I think that one word...if we used that one word...that actually sometimes can change the whole dynamics...the whole feeling...their whole understanding...or the connection between me and my client" - Participant2 (Page 21, 625-631);

"There are some Punjabi words that just can't be translated properly into English words for me" – Participant2 (Pages 21-22, 644-645).

Participant2 further states that sometimes therapists' may assume that clients have understood what it is they are trying to say when therapy is conducted in an Indian language. They may also get lost in translation. She suggests that exploring, explaining, and clarifying with clients the points being discussed ensures that both the therapist and the client have the same understanding of it. This minimises the room for errors, misunderstandings and misinterpretations.

"They may not get the whole meaning of that word but by actually exploring it with my clients…saying look…this is the word I am…that's why I am trying to…you know…that I'm trying to get to the meaning of this…or if they've said a word to me which I don't fully understand…or I can't put a word to it in English…then I will say that to them as well…I think that's what you're trying to say to me" (Page 22, 655-662).

The final point that participants raise is to pay attention to the therapeutic relationship when counselling Indian clients as it can largely affect the counselling process. It was

earlier identified that Indian clients may not opt for therapy as they may not know what counselling is about or because of the stigmas or because of the differences in terms of the age, gender, background of the counsellor. The participants' reason that the therapeutic relationship is not just limited to building trust. Therapists need to ensure that clients feel comfortable within the session, and they see the therapist as approachable rather than a professional who is simply there to do their job. They have to create the right environment so clients can settle down and engage in therapy, and benefit from that meaningful relationship they form with their Indian counsellors. Sometimes this may even include answering questions of a personal nature as long as it is appropriate and useful for therapy. These factors can help Indian clients to detach from their stigmatic views about counselling or the counsellor and take a genuine interest in trying to get or feel better. These views are shared by many participants:

"I think people need to feel comfortable...umm...so that's the first thing really. So whatever they need to do that...whether I can provide I will do...whether that's answering questions of personal nature which often happens...as long as it's appropriate I feel okay with it. I don't have a problem with that at all" – Participant6 (Page 4, 96-103).

"Making that environment just right for them…so that they can then open up…umm…helps set the whole…you know…therapy in…in place" – Participant1 (Page 9, 239-244).

"Although I have professional identity but I choose not to bring that into the room. I'll choose to bring my personal identity in order to connect with the person and make that so real for the person" – Participant5 (Page 15, 452-455).

"I think basically it's the relationship because many people who have something to talk about and something to resolve haven't got that 'another' to do it with" – Participant4 (Page 11, 304-305);

"When they are established in that relationship...in a trusting relationship...they are then able to open up fully...honestly to themselves and reflect on things that they have never reflected on before" – Participant4 (Page 11, 308-310).

In brief, the research has touched upon several findings. The participants who are Indian counselling professionals in the UK have all trained in Western psychotherapeutic approaches but they have no formal training in Indian therapeutic approaches. When working with Indian clients, the participants practice in a Western setting and use Western skills and techniques along with the knowledge they have of Indian culture, philosophies, and so on. By drawing from both sides they work indigenously with Indian clients and find that this combination is more relevant and effective than using either the Western or Indian approach alone.

The participants also indicated some of the indigenous interventions and techniques they have used while counselling Indian clients. These include 'Prekshadhyan', an ancient Jain way of meditation useful for providing relief for physical and psychosomatic pain; breathing exercises from 'yoga' for panic and cravings (e.g. addiction); mindfulness meditation and guided relaxation or imagery for calming effects on anxiety; 'yoga' postures for sleeping difficulties; spirituality for bereavement and sexual abuse (Jain virtue of forgiveness); and using different cultural beliefs such as destiny, karma, and rebirth to help clients talk about their difficulties and move on so feel better.

The participants explained that the reasons why they used Indian indigenous approaches was because they seemed relevant for some Indian clients who could relate to them more than the 'individualistic Western' techniques. Also, the indigenous interventions were found to be quite beneficial and effective in alleviating clients' problems or difficulties. Participants preferred to use Indian indigenous approaches because (a) they did not have complete knowledge of Indian psychology or theories in order to solely use them in practice, and (b) because indigenous approaches employed several aspects of Western therapy that participants were trained in and were aware of and therefore could easily be used in their practice. Given their many uses and advantages, participants believed that if Indian indigenous approaches were taught they could be beneficial for therapists and clients alike. They recommended that research should investigate and publish information on indigenous techniques and interventions that may be used in therapy so counselling professionals can learn about them.

Furthermore, the participants identified some of the obstacles Indian clients experienced in therapy. They highlighted that stigmas and cultural taboos to mental health still existed amongst the Indian population, many of whom were unaware about counselling. Some Indian clients chose not to go for therapy as they felt that an Indian therapist may not keep things confidential and would speak about it with other Indians. Also, sometimes the age or the sex of the counsellor could come in the way of therapy. The participants suggested that there was a need to overcome these barriers to therapy. They advised professionals that while working with Indian clients it was important to keep their social, familial, financial, and cultural context in mind. As Indians are more

collective in nature, the focus on just the individual may not suffice and hence they should be seen in their respective context(s). Also, attention should be paid to working flexibly around the age or age group of the client, and using Indian language(s) in therapy. Language in therapy could be difficult to use due to translation issues but at the same time it has the ability to change the dynamics of therapy altogether. Finally, participants have suggested that the therapeutic relationship between the counsellor and the Indian client can play a very important role. If therapists can establish a warm, welcoming, comfortable, and trusting environment for Indian clients, then they are more likely to stay on and utilise therapy for getting better. Hence, therapists need to pay attention to these factors.

Discussion

This research aimed to explore Indian indigenous counselling techniques used by Indian counsellors in the UK, and evaluate their effectiveness and contribution to counselling psychology. Previous research on indigenous psychology mostly tends to concentrate on the application of Western theories and approaches on Indians or Asians, or it focuses on the limitations of their applicability. As of now, there is not enough practical research data that looks into the effectiveness of indigenous counselling techniques and interventions in therapy. So the first aspect of this research explores the different types of indigenous techniques or interventions Indian counsellors may use in practice with Indian clients in the UK. The second aspect looks at how effective these interventions are.

The discussion examines the findings of this study in relation to the extant literature and research on indigenous psychology and other similar studies within counselling and psychology academia. The discussion also includes the clinical implications of the findings, the limitations of this study, and suggestions for future research.

Psychotherapeutic approaches and interventions

Western

Lago and Thompson (1996) state that therapists are profoundly and inevitably influenced in their counselling practice by therapeutic theory which is acquired through the therapists' original training programme. This equally applies to the research participants who have all been trained to use Western approaches like CBT, psychodynamic, and person-centred therapy. The participants acknowledge that Western psychotherapeutic approaches like person-centred therapy help them to connect with clients (P5 – lines 152-153) or it helps clients to grow (P1 – line 162), and the psychodynamic approach helps to explore a client's past and obtain their history (P1 - lines 163-169). The participants' training seems to have had a profound influence on them because they find Western psychotherapeutic approaches essential for counselling. They claim that without learning about the Western theories and the structure on which it operates, it would not be possible for them to do counselling (e.g. P2 – lines 249-250). Thus, they have a strong reliance on Western counselling approaches.

This seems to reflect Eleftheriadou's (1994) views on counselling being a Western construct. Although counselling has been extended and offered to ethnic minority clients in the form of specialist Black and Minority Ethnic (BME) services in the UK,

therapists including the research participants are largely using Western theories and approaches in counselling. Nevertheless, with time and experience, the participants recognised that Western theories and approaches in relevance to Indian clients have some limitations. For example, participant6 stressed that some Western approaches like CBT did not look at the cultural factors and values of clients (lines 172-174). He added that Western models of counselling were 'designed by White people for their context' (lines 244-245).

Time and again researchers (e.g. Adair, 1999; and Kumar, 2011) have asserted that one of the biggest limitations of Western psychological theories is that they are not universally applicable. Gilbert (2006) concurs that the export of counselling theories is problematic because the theoretical assumptions underlying the therapy or counselling are based on models of human nature, emotional distress and healing which stem directly from the implicit cultural assumptions about the 'self' within North American and European cultures. She states that Western theories and approaches seem to overlook the fact that the assumptions regarding the nature and experience of 'self' can be very different in other cultures. However, this statement cannot be generalised as there are many psychologists from the "Western" world such as Nisbett (2003) who recognise and acknowledge that "the East and the West are different from each other with respect to a great many centrally important values and social-psychological attributes" (p. 73). In fact, Nisbett (2003) clarifies that such generalisations cannot be applied to all members of that particular group. In the context of this research, participant6 doubts the application and relevance of Western models on cultures that hold strong views on concepts such as karma and destiny (lines 242-243).

Arulmani (2007) points out that Western psychology is strongly rooted in materialistic individualism and so it tends to lay emphasis on the importance of the 'individual'. He believes that these leanings may retain their relevance in a Western context but may diminish when applied to the more collectivist context of the East. Similarly, Laungani (2004a) wrote that the philosophy of individualism, which plays an extremely dominant role in Western thinking, is of little value in Eastern thinking. Easterners in general tend to organise their private and social lives, which include their beliefs, attitudes, and values, along communal lines. Communal goals often take precedence over individual goals. Most participants seem to agree. They also believe that the Western way of thinking is very different from the Indian way of thinking (P1 – line 159; P5 - lines 71-72). By thinking solely in a Western way, participants would only have to think about what was best for their client (P2 - lines 368-369). However, in the Indian context and social reality it is not just about that client. It could also be about the family because many Indian clients may make decisions based on how the family might be affected (P2 – lines 371-374). Hence, they may put the family's wishes before their own, and it is important to acknowledge, understand and respect that.

Despite the limitations of Western theories being 'individualistic' and 'mind-oriented' or 'mind-based', the participants still tend to use them extensively with Indian clients who in contrast tend to be more 'collectivist'. Eleftheriadou (1994) clarifies that Western approaches like psychodynamic and the Existential approach are not the ideal answer to transcultural counselling because mostly acculturated clients gain from it. This seems to be true because most participants (e.g. P2 – lines 526-527; P3 – lines 382-383; and P6 – lines 577-578) found it easier to apply counselling theories with their younger Indian clients than the older ones as they tend to be more acculturated to the

British lifestyle considering they are brought up in such settings. Hence, they are more aware of counselling while many older Asian clients do not even know what counselling and psychotherapy is. So, as in the case of participant1, they may not want to talk about their personal problems with a stranger (therapist) (lines 154-157). This is in line with Eleftheriadou (1994) who mentioned that a large section of people may still be unwilling to talk about their emotions and work through concerns in an egalitarian type of relationship.

Indian

According to Lago and Thompson (1996), the theories used in counselling are often acquired through the therapist's training but these are then reinforced or modified by their working environment. The participants too, after recognising that the Western theories fell short in terms of their application to Indian clients began to modify the interventions in their practice. Being Indian themselves they were able to recognise that viewing their Indian clients through a Western 'individualistic' perspective would not be appropriate (e.g. P2 – lines 448-452). Although they continued to rely on Western approaches, they also looked at other relevant therapeutic concepts and interventions in Indian psychology.

The participants' perceptions and understanding of Indian psychology seem to match that of Veereshwar (2002). They essentially described Indian psychology as a spiritual and religious (P3 – lines 202-203) concept that was strongly influenced by traditional cultural beliefs (e.g. faith and destiny, P3 – lines 221-222) and moral values (P4 – lines 146-147; and P5 – lines 306-307). Also, Indian psychology is said to draw from the

ancient philosophies of yoga and texts like the Bhagavad Gita (P6 – lines 264-267), and it attempts to bring harmony between the mind, body, and soul (P5 – lines 312-313). Veereshwar (2002), too, describes Indian psychology as a philosophical approach towards providing psychological and practical (i.e. through yoga) solutions to the needs and problems of people. According to her, Indian psychology is spiritually oriented with the objective of treating the body, mind, and soul. The notions of karma and destiny are addressed by the Bhagavad Gita which also provides enlightenment through moral guidance.

Interestingly, these systems of psychotherapy were seen as incompatible with the ethos of scientific psychology and so they were not taught (Dalal, 2002) up until recently (Dalal, 2011). Participants did not have knowledge or experience of Indian psychological theories either (e.g. P1 – line 180; and P3 – line 200) but they seemed to have held fairly accurate assumptions of it. Their perceptions of Indian psychology may have been passed on to them (P2 – lines 995-999) through antiquity just as it was done in ancient times (Cornelissen et al., 2011). Having grown up in an Indian community they were able to experience and grasp an adapted or more modern version of Indian concepts and methods in a way that applied to them (P6 – lines 345-348). Going by the point made earlier by Lago and Thompson (1996), as knowledge of Indian psychology was not acquired through the participants' original training programme, it was not likely to have a profound and inevitable influence on their counselling practice either. Therefore, the participants struggled to explain and describe Indian psychotherapeutic theories (e.g. P3 – line 274) while they could do the same for Western theories.

Indigenous

Although the participants identified Indian psychology as relevant for Indian clients because it was a collective (P3 – lines 223-224) and synchronous (P5 – line 327) theory, they could not use the techniques and concepts in their entirety. They were always used in conjunction with Western techniques. So participants used their own understanding, awareness, and knowledge of Indian and Western approaches to modify and improvise their practice to suit their clients. In this way, they began to combine both approaches to form an integrated indigenous approach. Unfortunately, research and literature do not provide guidance or support on how indigenous approaches and interventions can be practically used in counselling. Researchers are still in the process of overcoming the challenges faced in developing indigenous counselling psychology models (Wang, Chiao, and Heppner, 2009). So as of now, only a broad overview of some indigenous concepts or approaches is available.

The process of integrating Western and Indian approaches to psychology was described by Sinha (1997) as indigenisation. He described indigenisation as an extension of the boundaries of Western psychological knowledge to concepts and methods that have a firm root in the socio-cultural environment of a particular region. Participant5 provides an illustration of this, ***"****You can easily tailor-make some of your techniques and bring that as a tool to be used in their context. So that gives you the sort of...uhh...richness that you're not losing on one hand the experience of the client" (lines 218-222).* The participant's impression was that Indians focus majorly on emotions, and that it influences their behaviour. So in that sense, CBT would not be appropriate for use with them as it tends to focus on changing the thoughts of an individual which then affects their behaviour and emotions (Branch and Willson, 2010). However, in order to make

CBT more appropriate, participant5 began to focus more on emotions so he could bring a balance between the thought-emotion process. In this manner, he was able to indigenise CBT with his understanding of the Indian culture to make it more applicable and relevant for Indian clients. Misra and Mohanty (2002) confirm that in the Indian context, indigenisation means integrating modern psychology with Indian thought.

Naidu's (2002) take on indigenous psychology is slightly different. According to her, any psychology that serves the people with whom one identifies is an indigenous psychology, even if it has imported components. Participant6 seems to resonate with that, *"I would work with them in a very different way. I would relate to them...you know...in a very different way. Erm...I'd be probably much more informal and I would use terms like 'Uncle'...I would do all those things...no problem" (lines 574-576).* Participant6 believes that psychotherapeutic interventions or techniques have to be based on the client and their context. Depending on who they are and where they come from, he would work with them and relate to them differently. So his practice would change according to the client and to suit the client.

Eleftheriadou (2010b) describes this as enculturation which is a process of socialisation through one's culture. There are different types of socialisation and each type has a distinct impact on the individual. In 'vertical socialization' for instance, the impact from parents can continue from younger years throughout the lifespan of the individual. In some cultures like the Indian culture, the norm is to respect the elders and to not call them by their first name. Participant6 may have had these values instilled in him when young which may have continued into his adult life. Hence, he may find it inappropriate

to refer to an elderly Indian male client by the first name but calling the client 'uncle' seems culturally age-appropriate. d'Ardenne and Mahtani (1989) also state that when working with an older client that is culturally close, the obligation of addressing them formally as a sign of respect increases. This seems to be in line with the ethical principles laid by the BPS (2009) that recommend that psychologists should respect individuals, their culture, age, education, language, and national origin. So in contrast, when the participant works with Western clients, he reverts to addressing them by their first name or a mutually agreed name as is common in Western culture.

Thus, so far, it can be said that participants have engaged in indigenous practice at theoretical, personal and/or relational, and contextual levels with Indian clients. Some of the Indian indigenous interventions and techniques they have used in their practice, i.e. Meditation/Prekshadhyan, Guided relaxation/imagery and Mindfulness, Breathing exercises/Yoga, Cultural beliefs, and Spirituality/Spiritual beliefs, are discussed below. Although these have been broken into different sections for ease of understanding, the categories are not fixed and can overlap, inter-change or even merge.

a) Meditation/Prekshadhyan: Meditation in counselling and psychotherapy is part of different Western approaches like CBT and Existential therapy. It can take the form of mindfulness meditation or Zen/Buddhist meditation. It can be used for several issues like anxiety, stress, addiction, and even relationship problems (Simpkins and Simpkins, 2011). The focus in this section, however, will be on a different kind of meditation. Prekshadhyan or Preksha meditation was identified as one of the Indian indigenous interventions used by participant1.

According to Gaur and Jain (2006), Prekshadhyan or preksha meditation is an ancient Jain form of meditation. The word 'preksha' is a Sanskrit word which means to perceive the self and to go beyond the 'thought' carefully and profoundly. In preksha meditation, one concentrates on perception and not on thought. Jain (2001) adds that the purpose of preksha meditation is to purify the mental states. It helps to control instincts such as anger, aggression, and fear which in turn brings about a state of homeostasis in the body. Preksha meditation can also reduce tension, anxiety, stress, and pain.

Participant1, who has additionally trained in Prekshadhyan and has used it in practice, claims that it can actually help with the reduction or even dissipation of pain. Unfortunately, the participant could not provide details on how to carry it out in counselling practice. Neither are there courses that can train counsellors to be able to apply it with clients in therapy. Also, there is not much research to empirically examine its influence and effectiveness on psychological states within a counselling framework. All of this significantly limits the knowledge and application of prekshadhyan as an indigenous intervention. Although it may anecdotally seem like a bona fide technique that has the potential to alleviate emotional difficulties as well as physical and psychosomatic pain in counselling, research would need to establish this first from both a client and practitioner perspective. Nonetheless, it is still useful to know about prekshadhyan as a plausible Indian indigenous intervention.

b) Guided relaxation or imagery/Mindfulness: According to Rossman (2000), guided imagery is not a new approach. It has been practised within the Indian tradition in

ancient times when Hindu sages taught that gods sent messages to people through images. The sages developed a wide range of imagery techniques that affected breathing and muscular tension. It focussed on bringing attention and energy to different parts of the body and mind.

In the modern world, guided imagery is not much different. Brannon and Feist (2009) describe that when using guided imagery as a technique in counselling, the therapist guides the client from his/her painful experiences by asking them to concentrate on a peaceful, serene, and calm image (e.g. beach, waves, and so on). This could also include spiritual or religious symbols depending on the client. The researchers go on to state that as it is not possible to concentrate on several things at a time, clients are able to shift their focus from a negative experience to a more positive one. Thus, guided imagery relies on imagination and helps to relieve anxiety and psychosomatic problems through relaxation (Davis, Eshelman and McKay, 2008). It is widely used in Western therapy by counselling practitioners. Within the research, participant2 uses guided imagery in her practice with Indian clients. She invites her clients to visualise peace as a symbol (e.g. dove or white light) and instructs clients to slowly take it to the heart and hold it there before allowing it to flow to other parts of the body. The participant believes that the technique can be deeply relaxing for the clients (page 40, last paragraph).

Similar to guided imagery is guided relaxation where therapists instruct clients to focus on the different aspects of their breathing. In fact, Sarang and Telles (2006) believe that guided imagery is actually a part of guided relaxation, and the other part includes

muscle relaxation. In the Indian tradition, however, it is known as *Vipassana*, where one attempts to profoundly concentrate on his/her respiratory process. By doing this, a subtle regulation of physiological and mental processes occurs which in turn helps to calm one's mind (Tripathi, 2011). Participant1 mentioned the use of guided relaxation as part of her counselling 'toolkit' for clients who have anxiety but she does not explain the process itself. Sarang and Telles (2006) suggest that the exact mechanism of guided relaxation is unknown. Perhaps this might be the reason behind the participant's inability to provide details of this technique.

When it comes to the participants' use of guided imagery and guided relaxation in therapy, it is difficult to determine whether the techniques are being used from a more modern and Western perspective or from a traditional Indian perspective. One may argue that a differentiation or demarcation is not necessary, but what is important is to know whether there is a corresponding equivalent or preponderant technique in other cultures. After all, one of the most important goals of indigenous psychology is to construct a psychology that applies to all human beings but retains its cultural uniqueness (Yang and Lu, 2007). So even though the practice might be similar, the terminology can make a difference as clients would be able to recognise, understand and relate to the technique at a different level.

One such indigenous intervention known for effectively working with clients of different cultures is mindfulness. Christopher and Maris (2010) describe mindfulness as a type of awareness that involves being fully conscious of present-moment experience and attending to thoughts, emotions, and sensations as they arise without judgement and

with equanimity. It refers to the practice of intentionally cultivating awareness and acceptance of each moment through meditative or contemplative disciplines that can offer both deep relaxation and insight. The focus of attention in mindfulness can be an item of food one is eating, or feeling the grass a person is walking on, or simply gazing at the clouds in a non-judgemental and embracing manner (Davis et al., 2008). Mindfulness seems to incorporate elements of meditation and visualisation (i.e. imagery) which people of most cultures can relate to. According to Christopher and Maris (2010), mindfulness has its roots in the indigenous psychology of Buddhism. Buddhism originated in India and gradually spread to other Asian countries like China, Bhutan, and Sri Lanka (Hwang, 2009). Hence, mindfulness can be said to have Indian roots but its experience is universal. Counsellors and psychotherapists from different ethnic backgrounds are employing mindfulness in their practice.

In this research, participant5 used mindfulness as a technique with clients for approximately 3-5 minutes to enable them to get a break and some relief from their anxiety (lines 434-435). Although the participant does not go into much detail into the execution of the technique, he voices strong concern over the way mindfulness is packaged and labelled as a course nowadays (lines 833-841). He feels that a day or week long seminar is not sufficient to grasp the concept and that it belittles the whole discipline of mindfulness (lines 239-249). The participant recommends courses to maintain the authenticity of mindfulness by bringing in practitioners who have significant experience in practising it (lines 827-828). Kabat-Zinn (2003) also states that mindfulness cannot be taught in an authentic way without the instructor practising it himself or herself. Hooker and Fodor (2008) add that mindfulness is not something that

can be learnt by reading in a book or by participating in a week-long seminar and passed along.

Schure et al. (2008) found that a well-planned and well-structured course on mindfulness can have benefits for counselling students. Firstly, they can get a comprehensive understanding of mindfulness which is not possible in a session or two or a maximum of a day as is the case in traditional counselling courses and programmes. Short courses may not be ideal from a learning point of view, hence the reason why counselling psychology doctorate programmes take a minimum of three years to complete. A substantial amount of time spent on teaching mindfulness can help build trainees' confidence in using the techniques with their clients, as well as enhance other counselling skills like empathy and being non-judgemental. Secondly, as found by Christopher and Maris (2010), mindfulness training can help trainees use aspects of it on themselves for reflection purposes. For instance, they found that trainees with a mindfulness background had more inner awareness, they could accept changes more quickly, and they could integrate clinical feedback faster. The researchers found it easier to supervise them because they were more open, self-accepting and less defensive in general. Therefore, thorough training in mindfulness can enable trainees to embody these ideals not just in the client-counsellor relationship but equally in the trainee-supervisor relationship and their personal relationships.

(c) Breathing exercises/Yoga: Yoga philosophy and exercises can be of different types but each of these involve focused concentration, deliberate placement of body positioning, and breath control which leads to a state of higher consciousness (Simpkins

and Simpkins, 2011). Yoga is not limited to a set of postures or breathing exercises as is common perception. According to Simpkins and Simpkins (2011), yoga was practised as a method of mental and physical discipline. It offers invaluable interventions for overcoming psychological problems like stress, anxiety, depression, and even addiction.

One of the most commonly used *yogic* methods to be used in therapy involves breathing techniques. Simpkins and Simpkins (2011) clarify that the breath is directly linked to the emotions and the nervous system which is why it can be used as a resource for calming. Deliberately slowing down the breathing rate can calm an emotional reaction and return the autonomic nervous system to balance. Therefore, yoga can have an impact on the emotional and physiological functions of the body. Within therapy, counsellors can give instructions to clients about sitting in a comfortable yet relatively straight position and to focus on their breathing by either listening to it or counting it (Simpkins and Simpkins, 2011). Participant4 seems to have used this method in her practice with clients to help them calm down so they could focus on the session. She gave instructions around which muscles to contract and even kept the counts for them. Sometimes this involved giving a demonstration to make clients feel at ease. The participant reported that this process can take between ten to thirty minutes until the clients feel ready to focus on the session. Also, once clients recognise the usefulness of this exercise, they can continue to use the technique outside of therapy and benefit from it (lines 208-237).

Similarly, participant6 has used yoga with clients who have presented other issues like cravings, i.e. addiction (lines 539-540). When it comes to addiction, Simpkins and

Simpkins (2011) state that yoga is ‘a well-suited intervention because it can change the mind’s focus, rewire the brain, and help strengthen and soothe the body’ (p. 179). According to them, yoga sets out the ‘niyamas’ and ‘yamas’ or the ethical guidelines about what to do and what not to do so clients can examine their thought processes around substance misuse and its impact. Also, by focussing attention and contemplating on the ways in which clients have lost control, it is possible for them to cut through the illusions in order to recognise the deeper truth. This is where Western counselling training can help. It can aid clients to engage and reflect further. It can also help to motivate them to make changes. So in this way, yoga can be used as an Indian indigenous intervention by counsellors working within the substance misuse field.

Participant6 has also used yoga postures with clients who present sleeping difficulties by giving them a series of forward bends (lines 540-542). Research (e.g. Manjunath and Telles, 2005; and Woodyard, 2011) has demonstrated that yoga practices can be offered to clients as a possibility of addressing their sleep issues. The researchers above found that yoga has the ability to increase relaxation and induce a balanced mental state which helps in improving sleep patterns and difficulties. However, it is not clear as to which yoga-based interventions is most effective and what levels of sleeping problems are more likely to respond to this approach.

Nevertheless, the uses of yoga were found to be many. Like mindfulness, training in yoga is also said to have a positive influence in the personal and professional lives of therapists. For example, participant6 acknowledges that the ideas of yoga have transformed his approach to life (lines 426-427). According to Valente and Marotta

(2005), practice of yoga helped therapists become more self-aware about what their bodies, thoughts, and emotions were communicating or feeling; it helped them to control their emotions and feelings like depression, anxiety and stress; it allowed them to balance their personal and professional lives by preventing burn-out; it enabled them to accept their own limitations and that of their clients without judgement; and it could also change positively one's outlook in life. Hence, yoga could potentially be a suitable intervention to incorporate in counselling psychology programmes.

(d) Cultural beliefs (e.g. rebirth, karma, and destiny): In the field of counselling and psychotherapy, it is often believed that there is a need for practitioners to be aware of other cultures' norms, beliefs, and practices. This is particularly important because as Eleftheriadou (2010a) points out, there is an imminent danger of therapists' labelling something as pathological because it is 'different' in their own culture. This may happen when therapists are not aware of how similar concepts or beliefs are perceived in other cultures, or their training in approaches such as CBT may have restricted them in terms of working with symptoms and disorders. Laungani (2004a) warns that if therapists disregard the cultural values and beliefs of clients then it could seriously impede the therapist from engaging in a genuine and meaningful therapeutic encounter.

According to Tseng (1999), knowledge of cultural beliefs and practices can be useful for both assessment and treatment in therapy. The research participants were able to use their understanding of Indian cultural beliefs with their respective clients to help them move forward in therapy. For instance, participants 1 (lines 717-723) and 3 (lines 342-344) believe that when clients feel stuck or when they find it hard to go to their feelings,

the use of cultural beliefs and notions like *kismet* or destiny, rebirth, and karma can gently help them to reflect on their difficulties. It provides an opening where clients are encouraged in a subtle way, and under less pressure and without the use of psychological or technical terms to focus on their issues. As a result, therapy feels more real to the clients who are then able to connect in a deeper way with their counsellors.

Several researchers like Palsane, Bhavsar, Goswami, and Evans (2002), and Kumar (2011) believe that karma is a very important indigenous construct that plays a significant role in the adaptation, adjustment and coping processes. Karma is about assuming moral responsibility for one's own deeds, and that a person needs to do their job to the best of their ability and without the expectancy of any outcome. The renouncing of expectancy reduces the possibility of frustration and consequently stress. While participant6 feels that Western models may not be able to work with such cultural beliefs (lines 242-243), it might be useful to highlight that responsibility is one of the great themes of existential philosophy. According to van Deurzen and Kenwood (2005), an existentialist who speaks of responsibility, refers to the acknowledgement of personal accountability or holding oneself as accountable. This is similar to the view held above about karma. So when used appropriately, the concept of responsibility or 'karma' can be used indigenously in therapeutic practice by Indian and Western counsellors.

(e) Spirituality/Spiritual beliefs (e.g. Jain virtue of forgiveness and belief in a higher power): Plante (2008) states that religion and spirituality are good for mental and physical health. They reinforce positive behaviours and help in coping with stress

better. They also reduce anxiety and depression, and encourage compassion for forgiveness. Expectedly, he urges psychologists to use spiritual and religious principles and tools to better serve their clients even if they do not share the same religious interests. He describes the benefits of using spirituality and religion in therapy as intrinsic and extrinsic. Intrinsic benefits include acceptance of self and others with faults, maintaining ethical values and behaviour, and feeling a part of something larger and greater than oneself. Extrinsic benefits include the focus on forgiveness of others, putting others first, and so on.

Participant1 shared that her spirituality enchains the concept of forgiveness. Although forgiveness is embedded in most religions of the world, the participant refers to the concept of forgiveness in Jainism. She believes that forgiveness as an indigenous intervention can be particularly useful for clients who have experienced sexual abuse or domestic violence. The participant goes on to say that these clients who may have talked through their painful experiences in therapy often come to a point when they feel stuck and question what they should do next to get rid of their pain. This is when the participant gives them the 'key of forgiveness', and encourages the clients to try and forgive the perpetrator(s) every time they think of that person. According to the participant, her clients have found this intervention quite beneficial (lines 663-680 and 752-760).

McMahon (2011) explains that Jainism prescribes ten virtues for people to follow on a day-to-day basis. One of the virtues is *Uttam Kshama* or supreme forgiveness wherein a person should forgive the other. This virtue brings inner strength to the person who

forgives, and his/her mental power becomes stronger. Unfortunately, a comprehensive search for relevant literature looking into the psychological effects of using the Jain concept of forgiveness in therapy did not display any results. However, in a study conducted by Wade, Bailey, and Shaffer (2005), it was found that those clients who had been hurt wanted to forgive and talk about it in therapy. Discussing about forgiveness improved clients' anxiety, depression and other problems. According to Wade et al. (2005), when the hurt itself is contributing to or causing the presenting problem, then specifically addressing forgiveness enables clients to talk about it, and work through it to resolve the core concerns which directly alleviate the presenting problems. They suggest that if there is ambivalence around forgiveness, either that of the client or the therapist, then this would need to be addressed before proceeding with therapy.

Where therapists are not ambivalent and they themselves hold intrinsic beliefs of there being a greater or higher power, they are then able to use that in therapy as well. For example, participant2 uses her spiritual awareness with Indian clients, especially in the case of bereavement. The participant found that some clients wanted to explore certain verses written in religious texts about life and death, and so on in counselling. Since the participant was aware of these, she was able to discuss them within the therapeutic process. The participant felt that she could marry her spiritual awareness with her knowledge of Western counselling skills to produce an indigenous therapy that met the needs of her client (lines 314-325).

Pandey (2011) briefly describes an aspect of spirituality as written in the *Bhagavad Gita* which can be utilised for counselling and therapeutic purposes in the bereavement

context. He states that the *Gita* describes human beings as imperishable souls. This reverses the dependence of man's psychological state on the physical events of life by constantly reminding him that his body is transient, just like the clothes he wears. Pandey (2011) believes that this doctrine has had such a great impact through the ages that to date it is the most effective counselling for the grief and pain of death. Millions of people have apparently used the *Gita* in times of crisis, especially for loss, and have found solace and strength from it.

Relevance and effectiveness of indigenous approaches and techniques

The research participants have used several Indian indigenous techniques with their clients because they have found them to be more relevant than using Western techniques alone. As such, the participants do not have sufficient knowledge of Indian psychotherapeutic approaches and therefore they cannot rely on them for them to inform their practice. Instead, the opportunity to be able to use two perspectives (Indian and Western) rather than one helped participants to offer to clients an appropriate service that could address their needs to a large extent (e.g. P3 – lines 484-490). Dalal (2011) happens to share this view. He states that mutual learning and sharing of knowledge between these diverse perspectives can significantly enhance therapists' ability to alleviate the suffering of people. Hence, he supports the idea that there is a need to integrate the finer elements of these seemingly diverse systems.

Given that indigenous techniques are relevant, one may question if they are equally efficient. A common thread that runs across the participants' experiences of using Indian indigenous interventions is the considerable lack of research to back up their

efficiency. Adair (2006) points out that there is no specific journal or forum in which indigenous contributions are collated, and nor is there a single accepted format or model for indigenous research. Also, most of the literature and analyses on indigenous psychology are either conceptual or anecdotally-based.

Despite the lack of research and based on the participants' accounts of using Indian indigenous interventions with clients, it does seem that the techniques are effective. For instance, participant2 believes that because some of the clients can speak in their own language, they feel more open, comfortable and at ease (lines, 822-826). Some clients admitted feeling lighter and less burdened such that they experienced a 'floating in the clouds' kind of feeling (P1 – lines 775-778). Their attendance became steadier and in some cases it had increased, while the drop-out rate had reduced in tandem. In fact, participant5 mentioned that his clients' non-attendance rate was as low as 2% (lines 472-473). So although the results varied, it can still be said that the Indian indigenous interventions used by the participants in this study were effective and beneficial to their clients. As participant1 disclosed, it worked 80-90% of the time (line 800).

Some suggestions

While acknowledging the many uses and advantages of indigenous techniques, participants also complained about the lack of teaching in them. They believed that if indigenous approaches were taught as part of counselling courses both therapists and clients would benefit from it (P4 – lines 473-477). They felt that theoretical knowledge and learning from books was not sufficient (P4 – 489-491), and that practical knowledge of the same was also required through demonstrations and relevant work

experience (P1 – lines 459-460). Turner-Essel and Waehler (2009) seem to have the same opinion. They suggest that counselling psychology training programmes should have student exchanges and study abroad travel as part of their course syllabus; it should encourage trainees to travel to conferences abroad; encourage internationally focussed placements; and invite guest speakers or visiting faculty. Together, these could contribute towards getting a deeper understanding of indigenous psychology, and help therapists to become more sensitive towards the cultural, religious, and linguistic needs of clients.

The participants also suggested that therapists should investigate and publish the types of indigenous interventions and techniques that are being used in practice (P5 – lines 924-926). According to participant5, this would not just be informative and contribute towards counselling psychology, but it would also help minimise the cynicism that some Western therapists have about Indian approaches (lines 924-940). Likewise, Kvale (1992) mentioned that there is a gap between academic and professional psychology. That gap between theory and practice would need to be narrowed. Wallner and Jandl (2006), and Hwang (2006) concur that indigenous psychological approaches are a result of the lack of importance of cultural issues in mainstream psychology. Indigenous psychology develops theories and methods appropriate to humans which is why there is a need to construct a formal theory so it can be used as a framework for analyses.

Obstacles and barriers to therapy

The research participants identified some of the barriers that Indian clients face when it came to therapy. Participant1 described that stigmas and taboos around mental health

amongst the Indian population often revolved around the shame of having a mental problem, or of people finding out that there is a mental problem which can have further repercussions such as affecting the reputation or status of the individual within the family or Asian community (lines 249-259; 276-277; and 450-457). Many older Asian clients may not know much about counselling, e.g. what it entails and whether it is confidential. The idea of talking about their emotional problems with a stranger may not be culturally acceptable to them (P1 – lines 154-157). Also, in some cultures, expression of emotions, especially by males is not necessarily seen as a good thing (P5 – lines 653-654; and 658-660).

Webb-Johnson (1991) explains that stigmas and taboos are one of the major reasons behind the low uptake of counselling services amongst Asians. According to her, some of these stigmas and stereotypes can be so deeply entrenched that it may be very difficult to bring them out of one's subconscious thought. Moreover, these can be inextricably linked to each other and it may not be possible to handle them in isolation. She states that many Western professionals because of their training tend to subscribe to some or all of these stereotypes. Hence, it is important for counsellors to become aware of their attitudes towards other groups and cultures, as well as the stereotypes and assumptions they hold about them (Lago and Thompson, 1996).

Another barrier to therapy for Indian clients may arise if they have a therapist from the same or a similar cultural background. Participants 1 (lines 641-653), 2 (lines 487-495), and 3 (lines 454-455, and 461-462) seem to have experienced this situation. According to them, Indian and/or Asian clients seem to doubt the possibility of an Indian therapist

being able to help them. They feel that Indian/Asian clients tend to lack faith around their level of professionalism. Eleftheriadou (2010a) explains some of the other reasons for this. Some people choose to go to a different ethnicity counsellor to ensure confidentiality, or some may go because they identify with the host culture more than their own (e.g. British-Asians identifying with a British Counsellor) or they fear being known.

Furthermore, sometimes the age or gender of the therapist can be an obstacle. As participant2 pointed out, her Indian client found it hard to speak to her initially because her age reminded the client of her grandmother (who was of a similar age) whom the client feared (lines 551-560). According to Lago and Thompson (1996), the phenomenon of age can play a significant part in therapeutic relationships in certain cultures. d'Ardenne and Mahtani (1989) add that rightly or wrongly, counsellors can be seen as having more status and knowledge than the client, so they suggest that counsellors should reflect on whether or not being older or younger than the client is important enough in the client's culture as it can affect their status throughout therapy.

Again, some Indian clients may not be able to work with a therapist of the opposite sex. Participant6 recalled that most elderly Indian women would not work with him because of his gender and/or age (lines 594-597). Similarly, participant2 mentioned that a younger Indian male client may initially find it hard to see a much older Indian female counsellor (lines 536-540).

So clients may be selective in choosing a counsellor based on the counsellor's age, gender, and cultural background. They may think that if the counsellor came from a similar or same cultural background, or they had shared values and beliefs, then they could trust the counsellor more. Alternatively, the exact opposite may be true and clients may feel that they cannot trust an Indian/Asian counsellor. Depending on how clients feel, the therapist's credibility can either be established quickly or the opposite may happen which can have important consequences for the therapy and the therapeutic relationship. Eleftheriadou (1994) describes this as ascribed credibility. Yet, if a client goes for counselling for a few sessions and realises that the therapist is not that knowledgeable and/or lacks listening and other professional skills, then he/she may drop out of therapy. This is known as achieved credibility (Eleftheriadou, 1994). Again, if clients have a negative ascribed credibility of a counsellor (e.g. not wanting to see a same sex counsellor), and they stay on in therapy to realise the valuable knowledge and skills of that counsellor, then this would be an achieved credibility. So the client's perception of the therapist can define the therapist's credibility in terms of how effective and helpful they may be.

Overcoming barriers

To overcome the barriers Indian clients face in counselling and therapy, participant1 suggests holding talks or discussions within the Indian/Asian community as it may help to address some of the stigmas and taboos. Through this individuals can develop an understanding of counselling and what it has to offer. They would also get to meet the counsellor in person and ask any questions they may have. Moreover, it would give them an opportunity to take back information about counselling and consider it in their own time.

Webb-Johnson (1991) agrees that the lack of information, knowledge, and awareness Asians have about counselling, and the perception they have about the services or counsellors should be addressed. She suggests that consultation with the Asian community to obtain their views in order to manage, plan and deliver the counselling services is necessary. This can be done by approaching individuals and voluntary organisations, and even places of worship or using the ethnic/Asian media to provide information.

Factors to consider

The research participants have pointed out certain factors that may influence the outcome of therapy with Indian clients. Firstly, the participants have suggested paying attention to the Indian clients' context which includes their familial, social, cultural and financial context (e.g. P5 – lines 205-209; and P1 – lines 183-191). The participants believe that by looking at the wider context, it is possible to get a better understanding of the clients' problems. They feel that quite often Indian clients are worried about the stigmas around mental health issues, and their reputation and status in society. So if Indian clients were seen from a Western individualistic perspective, then it was most likely not going to work. However, the participants do not clearly outline which Western approaches may not work in such circumstances.

There are some Western approaches like the existential approach that looks at the client's context or his/her four dimensions (van Deurzen and Kenwood, 2005). For instance, *Umwelt* or the physical dimension involves the individual's senses and the

body; *Mitwelt* or the social dimension is about interpersonal relating, and it is also about the person's culture and his alignment, alienation and/or expectations from it; *Eigenwelt* is the psychological or private dimension which is about the individual's relationship to himself/herself; and *Uberwelt* is the spiritual dimension that is about the individual's spiritual and religious beliefs, ethical values, and so on. So existential practitioners explore each of these contexts and do not see their clients through a singular individualistic perspective. Similarly, Mindfulness-Based Cognitive Therapy (MBCT) and Acceptance and Commitment Therapy (ACT) which constitute the third wave of CBT also place a greater emphasis on the context and function of psychological experience rather than focussing uniquely on behaviour. Thus, the newer Western approaches seem to emphasise mindfulness, acceptance and values to a greater degree than the first- and second-wave behavioural therapies (Craighead, Craighead, Ritschel, and Zagoloff, 2013).

Secondly, participants suggest that it is important to pay attention to the age or the age group of Indian clients. The participants reflected that the structure of therapy often changes depending on how old the client is. For instance, they could not use Western theories of counselling with older Indian clients (e.g. P2 – lines 525-528) and used spirituality or cultural beliefs instead to get them to reflect on their problems (e.g. P3 – lines 282-289). Corey (2012) points out that effective counselling must take into account the impact of culture. He clarifies that culture does not just refer to ethnic or racial heritage but includes age, gender, religion, sexual orientation, physical and mental ability, and socioeconomic status. So it can be said that most effective counsellors that take into account a client's culture, would also consider the client's age, gender, status,

and so on. They would pay attention to all of these factors. Hence, this may not be unique to only Indian counsellors.

The third factor suggested by participants is to pay attention to the clients' needs or expectations of therapy from a cultural perspective. Many Indian clients confuse or mistake counsellors or counselling psychologists with psychiatrists. They may, thus, ask for medication to cure their mental state or ask for advice to get over their problems (e.g. P3 – lines 324-327). According to the participants, if the clients are told that they cannot be given advice or cannot be told what to do, then it may seem to them that therapy is a waste of time and they would never return again (P1 – lines 126-140). Therefore, such expectations may need to be handled carefully and sensitively. Netto, Gaag, Thanki, Bondi and Munro (2001) suggest that it is important to not just inform the clients but also remind them gently when needed, why therapy should or cannot be directive. Sooner or later clients become familiar with this and begin to value being 'heard'.

Some participants also mentioned that some Indian clients expect the counselling boundaries to be relaxed or loosened up a bit (e.g. P2 – lines 874-878). This can be to do with preferential treatment where some clients think that being an Indian or having a shared ethnic background with the therapist can get them monetary discount on the therapists' fees. At the same time, they may expect their therapist to be more flexible and accommodate them if they are running late or overrun the sessions as and when required. d'Ardenne and Mahtani (1989) remind us that in a transcultural setting, clients may be unfamiliar with the notion of boundary-setting when getting started. For

instance, the use of strict time-keeping is a Western practice which may pose unrealistic demands on clients from other cultures. Clients may be unaccustomed to placing such emphasis on punctuality, and they may begin to see their counsellor as callous and rejecting if time limits are imposed. The researchers above suggest that this should be discussed with clients by exploring their views about time and gradually coming to an agreement that is mutually acceptable and convenient.

Fourthly, participants urge practitioners to pay attention to the role and use of language in therapy. Many Indian clients, especially older ones, may not be able to communicate in English (P1 – lines 107-112). However, problems may arise when the focus shifts from the client to the translation of words. Therapists may get lost in translation of psychological terms, and in some cases there may not even be an equivalent word in the nominated language (e.g. P2 – lines 625-631; and 644-645). Participant2 suggests that therapists should check with clients if their understanding of a term in Hindi or another language is the same as theirs (lines 655-662). She also states that the use of language in therapy has the ability to bond the client and the therapist, and it can also help clients feel more understood (lines 628-631).

d'Ardenne and Mahtani (1989) seem to have a different notion of the use of language in therapy. They state that language can send messages to clients continuously about the counsellor's values, attitudes, and beliefs about their culture. It can pervade through the counselling process. Hence, caution must be maintained when using a different language in therapy to ensure it does not impinge on the counsellor or the therapeutic process.

Finally, participants suggest that the therapeutic relationship between Indian clients and their counsellors is quite significant and needs attention throughout the counselling process (e.g. P1 – lines 239-244; and P4 – lines 304-310). The participants point out that it is up to the therapist to provide the right environment so clients feel comfortable and secure, and can open up. Also, Participant5 felt that by appearing less formal or professional, therapists seem more approachable to clients and that makes therapy more personal and realistic for them (lines 452-455). d'Ardenne and Mahtani (1989) also agree that a therapeutic relationship cannot be effective if power differences are not acknowledged and tackled. They maintain that when working with clients of other cultures, counsellors need to adjust their own therapeutic styles to establish an effective working relationship.

Thus, this brings us back to the importance of making psychological approaches and techniques suitable for clients. It was earlier mentioned that Western theories can be used with acculturated clients but this leaves behind many of those for whom these theories may not be applicable or relevant. Indigenous psychology emerged as a result of such limitations of mainstream Western psychology. It pointed out that Western theories were not generalizable. This was pertinent for the field of counselling psychology which largely relies on the use of Western theories. With an increase in the number of ethnic minority clients seeking counselling, the use of such indigenous techniques is imperative.

Clinical Implications

Indigenous psychologists (e.g. Pandey, 1969 and Dalal, 2002) have maintained that Western psychological theories are not universally applicable to clients of other cultures. Although it was not clarified which ones could not be applied, Western psychotherapeutic approaches like person-centred, psychodynamic, existential, and CBT were used extensively by the participants in counselling practice with Indian clients. In fact, participants found Western theories to be useful and essential for counselling as they provide a structure to operate from. Of the above approaches, person-centred for its empathy and non-judgemental skills, and CBT for its focus on changing unhealthy patterns of thinking were the most commonly used in indigenous work. Hence, there is no reason to believe that Western psychotherapeutic approaches are inapplicable or irrelevant to the counselling context.

The application of Western counselling theories to Indian clients could depend on the client's understanding of counselling and it could also be age related. For example, participants found that many older Indian clients had no idea of counselling while the younger ones did. Consequently, they found it easier to use Western therapeutic approaches with younger Indian clients than the older ones. This is also when they indigenised Western approaches like person-centred theory with spirituality in order to get the older clients to reflect and engage in therapy. This implies that explaining about the counselling process in depth to older Indian clients could possibly extend the application of Western theories and approaches for them. It also clarifies that the person-centred approach can be flexibly integrated with Indian spiritual concepts within an indigenous practice.

Indian psychology is not taught and nor is it simplified into different approaches. It refers to the traditional spiritual, religious, and cultural texts pertaining to overall health in ancient Indian texts like the Vedas of which yoga is a part. Those counselling professionals who want to learn about them need to take extra courses and be able decipher how to use them in practice. An explicit reference to their usage in the counselling context is not given. It may also be noted that the courses are not authentic and are at the most modified versions of the original teachings to make them more user- and reader-friendly. Thus, learning about Indian psychology may not be a straightforward process which could deter many counselling professionals from taking it up further.

Indian concepts have themselves been adapted and indigenised for ease of learning and practice. The participants have used the following in therapy: Prekshadhyan meditation to help alleviate psychosomatic pain; mindfulness and guided relaxation/imagery for calming purposes for clients experiencing anxiety and panic attacks; yoga for its breathing exercises to aid relaxation for those suffering from anxiety; cultural beliefs like karma, rebirth/reincarnation for deeper reflection of problems; and spiritual beliefs such as the Jain virtue of forgiveness for helping clients face issues like domestic violence/sexual abuse. Information on them is available in the form of books and short courses but their application in the counselling context is not verified by research. However, based on the participants' experiences, these indigenous techniques are supposed to be highly effective and those therapists who work with presenting problems like abuse, psychosomatic pain, and anxiety and panic attacks may find them relevant for use with Indian clients and even clients from other cultural backgrounds. This can serve as a starting point for counselling psychology research to test Indian indigenous

approaches or techniques. This can also help to generate indigenous models or frameworks for use in counselling psychology theory and practice.

Limitations and suggestions for future research

Unfortunately, not all is straightforward and apparent with Indigenous counselling approaches and interventions. The meaning of indigenous psychology can be confusing as it is vaguely conceptualised and not well-understood even by those who practise it (Adair, 1999). The participants also did not seem to have a clear understanding of indigenous techniques and interventions which combined with some of the interview questions (refer critical appraisal – pages 234-235) could have influenced the interviews and the research findings to some extent.

It may also be argued that indigenous psychology is still in its nascent stages and it relies heavily on imported theories and skills that themselves may not have been explored and unpacked. In such situations, therapists may not be able to employ them in their practice. Furthermore, there is no parity between which theory or intervention can be used and how it is used as therapists seem to personalise it based on their knowledge of the approach and the client's context. Hence, comparison studies may be hugely affected.

Moreover, not all interventions used by the participants are classified as indigenous and it may be questioned as to who decides the interventions to be labelled as indigenous. Krishnan (2002) points out that to locate and formalise indigenous concepts is rather

problematic keeping in mind the requirements of scientific psychology. Kim et al. (2006) agree that it is difficult to assess the scientific merit of indigenous analyses as they are not supported by empirical evidence. This may leave room for misinterpretations and assumptions that all traditional Indian indigenous interventions can be used indigenously and successfully with all Indian clients when this might not be the case.

On a practical note, the study has certain shortcomings as well. Firstly, the study recognises that the number of participants in the research was small and that the findings may not be generalizable. It does not represent all Indian counsellors and therapists in the UK. However, Melder and Simmonds (2008) state that the aim of qualitative research is to ensure that the participants' experiences have been accurately represented and the emerging themes are truthful representations of it.

Keeping that in mind, the second limitation is that the findings of the study are limited by the reliance on the perceptions of the participants (refer critical analysis – pages 233-234). If the participants' perceptions of Indian indigenous approaches or techniques are inaccurate or incorrect, then it would have an impact on the findings.

Thirdly and finally, having a participant range of Indian therapists trained in (Western) counselling in the UK may reflect the thoughts and practices arising from their training experiences within the UK. This might make it difficult to compare findings between participants who have trained in other countries which can again limit the generalisation of the findings. Hence, future research will be required with a similar participant range

from other nations to work out any parallel or common themes. Notwithstanding, it may be possible that like the research participants, Indian counsellors in other countries may also not be able to justify and explain in-depth the use of Indian indigenous interventions. They may only be able to provide a superficial description of them which can further lessen the impact of the findings.

Conclusion

Indian psychology or its concepts per se are not taught in counselling psychology programmes or other counselling courses in the UK. As a result, many qualified Indian counselling practitioners as well as trainees have no formal knowledge of Indian psychology. Their knowledge of traditional Indian concepts and culture is limited to their experience of being brought up in Indian families and perhaps the Indian community. As a result, their knowledge and use of Indian indigenous techniques is also limited. Nevertheless, recognising that there is a need to use them in therapy with Indian clients because some Western theories are unable to get the clients to reflect or engage, the research participants began to look into this further. They joined short courses on preksha meditation and yoga, and even read about other concepts in books to keep themselves informed and be able to use these techniques appropriately in practice.

As discussed earlier, Indian culture and heritage are rich in knowledge about aspects of the human mind. Western counselling approaches can utilise this knowledge and make up for their inadequacy in terms of their practical application to Indian clients. The Indian indigenous counselling techniques can accept the 'useful' and relevant aspects of Western knowledge and adapt it to yield theories and interventions that are suitable for

Indian and Asian clients. This would encourage creativity amongst counselling professionals to research and develop indigenous techniques. It would result in the build-up of knowledge and literature on indigenous concepts from various cultures. However, in this process problems may be encountered. Therapists may interpret concepts differently which in turn would affect its generalizability. Multiple indigenous psychologies may also be formed. So it is important to conduct further research that validates these theories and contributes towards understanding of cultural phenomena in the counselling context.

Thus, going by the discussion and findings of this research, the way forward for counselling practitioners is to recognise what the client wants from therapy and devise techniques or interventions that can help towards achieving these goals ethically. This may mean integrating Hindu spirituality with the person-centred approach for an Indian client presenting with bereavement or even using yoga for addiction. The development of Indian indigenous knowledge, skills, and interventions within counselling can be a useful means of sharing information on what can and has worked in specific situations with Indian clients. This may further result in minimising client non-attendance rates, and may also improve client satisfaction. Moreover, it may have the added effect of reducing stigma around mental health issues as clients may be more receptive towards the use of techniques that come from their own culture.

Therefore, I am led to believe that Indian indigenous counselling techniques are worthy of investigation, and that they may have a lot to contribute towards the development of counselling psychology skills and literature as was found in this study. The research

findings have highlighted the need for training in using indigenous skills in counselling practice. It is hoped that the study generates awareness amongst individual practitioners and counselling organisations to provide adequate training to ensure that a culturally sensitive and competent practice is offered to clients of all backgrounds.

Critical Appraisal of the Research Process

The critical appraisal charts my journey throughout the research process - from the ideas involved in conceptualising the research title, to preparing, conducting and completing it. It includes a summary of my research diary and also explores some of the limitations of this research.

Part of the doctorate in counselling psychology programme requires trainees to be in personal therapy. I chose an Indian therapist because I felt that she would understand me more than an English therapist or a therapist from another ethnic background would. As therapy progressed, the sessions revolved around me. When I spoke about what happened with the family, the therapist perpetually brought the focus back on me. The use of "self" was prominent, and my therapist encouraged me to share my feelings, especially negative ones with family members. In my family, this was not the norm and it was expected to forgive or forget to prevent unnecessary arguments or fights. Questioning or challenging certain beliefs were not "allowed" as it was considered to be a sign of disrespect. I had assumed that my therapist would be aware of this as she herself was born and brought up in India. She would often reiterate that I should address certain issues with my father. I started to believe that it must be the right thing to do because the case studies in counselling books seem to suggest that communication was key in counselling.

Counselling is about expressing feelings and talking through one's difficulties. Although I was not accustomed to doing this, I attempted to reason with my father. Unfortunately, I did not get the response I was anticipating. He did not hear me or understand me like my therapist did which seems obvious now but was not as apparent then. Instead I was told "how can you just think about yourself" and "how can you be so selfish". I was confused and my thoughts were muddled. So far I had learnt through personal therapy, books, and group discussions that talking about a problem can help resolve it to some extent. However, this was not the case for me. I landed up doubting myself, i.e. whether I was actually selfish for thinking about myself. Yet, thinking about oneself was not wrong according to the "Western" approach.

Thus, I was trying to reflect on the conflicting dynamics, e.g. what my therapist said and what was happening at home; an Indian living in a "Western" environment and being influenced by the culture; an Indian being trained in "Western" approaches; and an Indian therapist practising with Indian clients using "Western" approaches. It made me wonder whether other Indian clients experienced the same with an Indian therapist, or whether other Indian therapists work differently with Indian clients. If they do work differently, how do they practice, what do they use, where did they learn about it, and so on. These questions were important for me because I did not want the same thing happening when I practice with Indian clients.

I began to search for cross-cultural psychology because I thought it may provide the answers to some of my questions. Eleftheriadou (2010a) clarified that cross-cultural psychology compares concepts and events between different cultures, based on the

premise that there is one inherent universal aspect across cultures. For example, cross-cultural psychology would take the concept of 'adolescence' and explore it across cultures. Clearly, this was not what I wanted to do. I was not looking at exploring the cultural conflicts experienced by clients whilst being in therapy with a counsellor who shares the same ethnic background as them. Nor was I interested in comparing this across cultures to see if there were any similarities. I wanted to know whether therapists used or did anything differently to minimise potential conflicts between the practising of an approach (e.g. Western-individualistic) and its effect on the client's way of being (e.g. Indian context-collectivist).

As cross-cultural psychology did not have the answers, I searched further and chanced upon indigenous psychology. Indigenous psychology instantly got my attention because it acknowledged that psychology was not universal and that "Western" constructs of psychology could not be applied to people of all cultures. Just like some aspects of the "Western" approaches being used by my therapist (e.g. use of "self"-individualistic) were not relevant to me (Indian setting-collectivist). I found that much of the work on indigenous psychology was written by Asian psychologists and researchers. This made it even more applicable because these psychologists who were "Western" trained (using "Western" psychology texts) found that certain "Western" aspects could not be used with clients and had to be substituted with something more culturally appropriate. Many Indian psychologists referred to the use of ancient texts and philosophies in therapy, and this seemed to answer some of my questions.

Further reading revealed several criticisms about the limitations of "Western" approaches in Indian settings but barely anything was written on what can or is currently being used indigenously. Some Indian therapists translated ancient Sanskrit verses to English for use in therapy or talked about yoga and meditation as indigenous practices but these were not detailed. There is a general lack of information about the application of such interventions. Hence, even if they are written about in books, many therapists may not be able to apply it accurately. So this information needs to be developed and shared amongst therapists. Its uses are of importance and benefit not just for me but for all therapists working with clients of different backgrounds. This led me to explore Indian indigenous counselling techniques and evaluate their effectiveness and contribution to counselling psychology.

This research can be valuable in preparing me for indigenous counselling practice before I complete my training and move back to India. I am aware that the expectations I have from it may subconsciously colour my analysis. However, Willig (2008) states that instead of attempting to bracket presuppositions and assumptions about the world, the interpretative phenomenological researcher works with, and uses them in an attempt to advance understanding. Thus, I felt that IPA which involves interpreting the participants' accounts of their beliefs and practices would be an appropriate method for this research.

Due to past research experience as part of my masters' degrees, I was aware that selection of participants or a sample of participants had to be done carefully and needed to be justified. Hence, I tried to be as specific as possible. Initially, I had hoped to

recruit participants who had partly trained in psychology or counselling in India and the rest of the training was completed in the UK. This criterion basically reflected my current state and that of my therapist. I have lived in India and am aware of the culture. I am also "Western" trained in psychology so I might recognise what works or needs to be substituted (except that I have not practiced in India yet). Unfortunately, after having spent months screening the profiles of prospective participants through online counselling directories and organisations like the BPS, BACP and UKCP, I realised that most of these therapists have trained only in the UK. Those with partial training in India either did not respond to my invitation when I contacted them or declined to participate. Thus, I had to change my participant criteria to Indian/Indian-origin therapists who practised indigenously with Indian/Indian-origin clients. It was expected that the therapists would have some knowledge of the Indian culture and be able to apply it indigenously in practice. My supervisor was aware of the above at all times and supported the change given the lack of participants.

After changing the participant criteria, the first six therapists I had contacted agreed to participate in the research. It is interesting to note that those therapists whose training had partly been done in India either did not respond or did not want to participate while those whose training was done in the UK promptly agreed to do so. Does this suggest that the ones in the UK are more interested in conducting research or being a part of the research process? Does this have anything to do with their level of comfort or confidence as therapists? Although it is not in the scope of this paper to explore these questions in depth but it might be worth investigating for cross-cultural studies, or for those who want to compare the indigenous works of Indian therapists who have migrated from India to the UK with those who were born in the UK.

Whilst conducting the interviews, I noticed that participants found it difficult to describe accurately the interventions they were using. It was easier to identify the "Western" approaches used like the person-centred or psychodynamic approach, but when it came to the Indian aspects they struggled to explain. The use of "spirituality" and "cultural beliefs" seemed like umbrella terms covering many concepts that could not be specifically identified, explored or discussed in depth. As a result, I felt that the interviews and the indigenous techniques and interventions discussed lacked profundity which had an impact on the findings per se. Obviously, these were my interpretations and this is why I found IPA as the most appropriate methodology for this research project. A quantitative study would not have justified the participants' perceptions and experiences of indigenous practice. Likewise, qualitative methodologies like discourse analysis and grounded theory may not have been entirely appropriate either.

I felt disappointed at times because the indigenous interventions were not described or explained in detail. I wondered if the framing of the questions or the interview schedule had any role to play in this. For instance, some of the questions, viz. which theoretical orientations did you study as part of your course, what is your understanding of Western psychological theories or Indian psychological theories, and which theories do you prefer to use in practice may not have been very clear. Although I am referring to the term psychological theory, I meant a psychological approach or framework. By asking an unclear question, some participants may have felt subconsciously challenged in terms of not being able to understand and answer a question and thereby not sounding competent. This may have been relevant because some of the participants had only

completed a diploma whilst I was conducting a doctoral research. Also, I was younger to all of them so they may not have wanted to appear "silly" or "incompetent" in front of me. Two participants with the diploma appeared less confident but the other two appeared equally confident as the ones with the masters' degree. It is difficult to tell whether this was actually the case as it was only my perception. It is also unclear whether the level of training of participants had anything to do with feeling confident or the answers they gave.

Perhaps restructuring the questions as which therapeutic approaches did you study whilst training, which ones do you use in practice, and what is your understanding of Western/Indian therapeutic approaches could have led to a more comfortable opening dialogue. The rest of the discussion could have flowed more freely and may have been a bit more detailed. Nevertheless, it was exciting to hear some of the statements the participants made because it echoed what few Indian psychologists had already mentioned before. Thus, there was a link between the discussion and findings, and the literature review. Also, I was beginning to make mental notes of the themes that were emerging across the interviews. At this stage it was difficult to separate the themes from the interview sub-categories/sub-sections, i.e. it seemed like some of the themes were based on how the questions were grouped in the interview schedule. This was also discussed in supervision and thereafter I again read the analyses and pencilled exploratory notes.

My supervisor suggested that I made notes along the margins electronically and even colour co-ordinate the notes and themes. I found the tip quite useful because it saved up

on time from having to type it again for the portfolio. Hence, I drew a table and colour co-ordinated the sub-themes and master themes. I found that the technical terms were referred differently by different writers. For instance, Willig (2008) refers to them as constituent and master themes, while Langdridge (2007) refers to them as subordinate and superordinate themes. I have used Willig's reference in the table because it sounds more distinctive.

In supervision, I was able to brainstorm the first table of master and constituent themes I had produced. It became clearer that some of the constituent themes overlapped and could be merged together. It was useful to digitally record the supervision sessions (with consent of supervisors) and play it at home so I did not miss any of the valuable suggestions made earlier. The tips were incorporated and as a result the table was amended to reflect the discussions. This process was repeated a couple of times again to ensure that the themes when put together, told a story.

The analysis revealed that there were certain techniques or interventions that participants drew from the Indian systems of therapy and used it indigenously in their practice. Some of these techniques were learnt through extra courses that the participants did because of an interest and belief that it could be useful or beneficial. Despite the additional training, they found it hard to explain what the philosophy behind the intervention was. It is important to note that the additional training was not specifically a counselling training (e.g. a CBT workshop). The training covered several dimensions such as spirituality, physical health, mental health, religion, and cultural beliefs. It was left up to the participant to draw from each or several of these and

combine them in a form that could be used indigenously with "Western" theories and approaches. Such indigenous interventions had to be relevant to the client, his/her context, and their belief and willingness to try something unconventional.

Each therapist would draw from the training and use it in practice variably. The fact that these were not courses that specifically taught how to use an Indian system of therapy in "Western" counselling meant that it was up to the participants to decipher what, how, and who they can use such interventions with. With no clear instructions given, it is understandable that the participants themselves would have to put some of these abstract views together so it can be put to practice. This is likely to be a complex procedure and one that is based on a trial-and-error basis. It is not surprising then for participants to find it hard to explain these indigenous interventions during the interview. While, there is some clarity about its uses or benefits but to break it down into components can be a very difficult task. The participants in this study were not experts and it might need a specialist to describe in detail how and which aspects of Indian psychology can be used indigenously with "Western" approaches of counselling. In this research, the participants have so far been able to give an essence or flavour of some indigenous techniques and interventions currently being used by them, and its relevance and effectiveness.

Thus, as the research progressed, I have been able to overcome my initial disappointment about not having found the richness I was looking for. I have been able to recognise that the data I have collected is valuable. I have also been able to appreciate that it is not the case that some of the participants are not as competent as the others. It

may be that they are less experienced in applying indigenous techniques or still in the process of developing them. I was told by course tutors and supervisors that there is no right or wrong way of practising and I believe that there is no particular way of using indigenous interventions either. I feel indigenous psychology is like clay and can be moulded and adapted to suit the client. While this can make it more complex for it to be learnt but at the same time it can make it more personalised.

I suppose one of my main concerns for this research was to ensure that it created new knowledge and contributed to the fields of indigenous psychology and counselling psychology. I wanted to publish it so counsellors and psychologists were aware that there were many more interventions they could learn and use to improvise their practice. It has taken me the course of the entire conducting of the research to realise how much I have learnt from it. It has helped me become aware of how passionately I feel about the use of Indian systems of therapy indigenously in counselling practice. I now know that my research has contributed to my knowledge and development as a counselling psychologist. I no longer worry about or consider a good grade or its publishing as a yardstick for its success.

This research has provided an opening and helped me realise what I might want to do after I complete this course. It has pointed out areas that I would like to study and explore further. For instance, I am contemplating researching some of the Indian philosophies to see if I can draw parallels with "Western" concepts and approaches, or adapt and develop the philosophies into techniques and interventions that can be used as counselling skills. I would like to gather more information about how the concept of

forgiveness can be used with clients who have experienced sexual abuse. It seems to have a lot of potential and if it can be used successfully in counselling practice then practitioners and clients can both hugely benefit from it.

I anticipate that my career as a counselling psychologist is likely to cover three roles – that of a practitioner, a researcher, and a teacher. The training has given me the skills to be an able practitioner, and the research has shown me avenues that can help me hone my skills and share it with others so they can learn from it too.

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Appendices

Letter of approval from Ethics Committee

UNIVERSITY OF WOLVERHAMPTON
School of Applied Sciences

25th January 2013

Project Title: Exploring Indian Indigenous Counselling Techniques: Evaluating its Effectiveness and Contribution to Counselling Psychology

Investigator: Neha Mundra

Supervisor : Dr R Darby

Dear Neha

The Behavioural Sciences Ethics Committee (BSEC) has now completed its evaluation of your Ethics submission for this project.

I can confirm that we have now approved your research project. You may commence data collection immediately, provided you are not awaiting approval from any other ethics committee for this work.

Yours sincerely

Dr Darren Chadwick PhD MSc. C.Psychol.
Chair, Behavioural Sciences Ethics Committee
University of Wolverhampton
Email: d.chadwick@wlv.ac.uk
Phone: 01902 323534

Form Res20a submitted to Ethics Committee

UNIVERSITY OF WOLVERHAMPTON

RES 20A
(October 2003)

School of Applied Sciences
Behavioural Sciences Ethics Committee:
submission of project for approval

To be completed by SEC**:**
Date Received:
Project No:

This form must be word processed – no handwritten forms can be considered

ALL sections of this form must be completed

No project may commence without authorisation from the Divisional and School Ethics Committees

CATEGORY A PROJECTS:

There is no significant interference with participants' physical or psychological wellbeing. In detail:

• The research procedure is not likely to be stressful or distressing.
• The research materials are not of a sensitive, discriminatory or otherwise inappropriate nature.
• The participants are not members of a vulnerable group, such as those with a recognised clinical or psychological or similar condition.
• The research design is sufficiently well-grounded so that the participant's time is not wasted.

Projects involving access to confidential records may be considered Category A provided that the investigator's access to these is part of his/her normal professional duties.

Category A projects will be approved by the Behavioural Sciences Ethics Committee and monitored by the School Ethics Committee. The School Ethics Committee will not normally examine individual Category A projects but receives a record of projects that have been approved at subcommittee level.

Title of Project:	**Exploring Indian Indigenous Counselling Techniques: Evaluating their Effectiveness and Contribution to Counselling Psychology**
Name of Supervisor: (for all student projects)	**TBC**
Name of Investigator(s):	**Neha Mundra**
Level of Research: (Module code, MPhil/PhD, Staff)	**PS5018 - Professional Doctorate**
Qualifications/Expertise of the investigator relevant to the submission:	**Completed Masters degree in Psychology which provides relevant research knowledge. Aware of the counselling scenario in India having completed a Bachelors in Psychology.**

Participants: Please indicate the population and number of participants, the nature of the participant group and how they will be recruited.	**Indian/Indian-origin counsellors, psychotherapists and counselling psychologists – 6; they should incorporate indigenous interventions in their practice with Asian clients e.g. Hindu philosophy/spirituality/culture; yoga; meditation, and so on. Interview invitations will be sent out to private practitioners, universities (counselling/psychology dept.), and independent training institutes via e-mail to be circulated to staff and members. An advertisement will also be sent via research supervisor to the Division of Counselling Psychology Announcements to send out to members of the group. In all cases, the practitioner will be working in an Indigenous manner with Indian clients or those having an Indian origin.**

Continued overleaf

Please attach the following and tick the box* provided to confirm that each has been included:

**in the case of undergraduate projects, this should be done by supervisors to confirm that each part is properly constituted*

Rationale for and expected outcomes of the study	
Details of method: materials, design and procedure	
Information sheet* and informed consent form for participants **to include appropriate safeguards for confidentiality and anonymity*	
Details of how information will be held and disposed of	
Details of if/how results will be fed back to participants	
Letters requesting, or granting, consent from any collaborating institutions	**N/A**
Letters requesting, or granting, consent from head teacher or parents or equivalent, if participants are under the age of 16	**N/A**
Is ethical approval required from any external body? ~~YES~~/NO (delete as appropriate) **If yes, which committee?** *NB. Where another ethics committee is involved, the research cannot be carried out until approval has been granted by both the School committee and the external committee*.	

Signed: Neha Mundra Date: 27/07/11

(Investigator)

Signed: _____ Date: _____

(Supervisor)

Except in the case of staff research, all correspondence will be conducted through the supervisor.

FOR USE BY THE SCHOOL ETHICS COMMITTEE

Subcommittee Approval Granted: _____ Date: _____

(Chair of Behav Sci Ethics Committee)

School Approval Granted: ..... Date .....

(Chair of School Ethics Committee)

Information Sheet

INFORMATION SHEET

You are being invited to participate in a qualitative study exploring Indigenous counselling techniques. This study is carried out as part of the doctorate research in Counselling Psychology at the University of Wolverhampton. The study is designed to explore if and to what extent Indian/Indian-origin counsellors and psychotherapists in the UK practise in an Indigenous way with their clients. The purpose of this research is to evaluate the effectiveness of Indigenous counselling techniques and its contribution to counselling psychology globally.

Your participation

If you agree to participate, the time commitment will be approximately 1 hour. You will first be asked to fill a participant pre-qualifying sheet seeking general information about yourself followed by a consent form. Upon receiving your consent to take part and record the interview, the interview questions will be presented to you. These questions will explore the different types of Indigenous interventions you may use with a client, how you decide to use a suitable or relevant intervention and how you recognise the interventions to be meaningful.

You are the 'expert'. There are no right or wrong answers. I am interested in everything you have to say so please feel free to describe or answer the questions in as much detail as possible. There will be no attempt to judge either you or your practice.

If any aspects of the study cause slight feelings of distress, then these are likely to be mild and short lasting. To minimise these consequences, you shall be informed about the full aims of the research at the end of the study.

Confidentiality

To safeguard your privacy, the interview will be transcribed verbatim and saved on my personal computer which is password protected. No one else has access to or uses the computer other than me. Following transcription, the verbatim will be presented to you to verify and/or include or exclude details from it. The only people who may read the transcripts are you, my research

supervisors, Dr. Richard Darby and Dr, Victoria Galbraith, examiners and myself.

This research may be published and some extracts from your transcript may be included in my report but your name or any other identifying information will be removed. A number or code will be given to the data to ensure anonymity. Once the research report has been completed and marked, the transcripts will be deleted securely. You may also have access to the findings of the study and have copies of any publications arising from it.

Voluntary participation/withdrawal

Your participation in this study is voluntary. You may decide not to participate and you may cease your participation at any time. Should you decide not to participate or cease participation, there will be no penalty. Any material collected from you will be destroyed immediately.

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The Ethics committee at the School of Applied Sciences (University of Wolverhampton) have reviewed this proposal. If you have any questions or concerns regarding this study, please do not hesitate to contact me at neha.mundra@wlv.ac.uk or my research supervisors, Dr. Richard Darby at r.darby@wlv.ac.uk and Dr. Victoria Galbraith at v.galbraith@wlv.ac.uk.

I would like to thank you for reading this information sheet. If you are willing to participate, please contact me and I shall arrange a meeting at a mutually convenient day, time, and a suitable location such as your place of work or the psychology laboratory at the University of Wolverhampton.

Participant Prequalifying Sheet

Exploring Indian Indigenous Counselling Techniques: Evaluating their Effectiveness and Contribution to Counselling Psychology

PARTICIPANT PREQUALIFYING SHEET

Name:

Age:

Position:

Educational Qualifications:

Has your training been in India/UK/Both (please provide details of course and institutions):

Do you engage in counselling practice? If yes, how long have you been seeing clients?:

Do you practice indigenously?:

Informed Consent Form

INFORMED CONSENT FORM

Study Title: Exploring Indian Indigenous Counselling Techniques: Evaluating their Effectiveness and Contribution to Counselling Psychology.

Researcher: Neha Mundra

Supervisors: Dr. Richard Darby and Dr. Victoria Galbraith

Summary of research project: This study is being conducted as part of the doctoral research in Counselling Psychology at the University of Wolverhampton. The study is designed to explore if and to what extent Indian/Indian-origin counsellors and psychotherapists in the UK practise in an Indigenous way with Asian clients. The findings from the research may contribute towards the development of Indigenous counselling techniques as well as add to the International literature on Indigenous psychology. The interview shall be audio recorded and may last up to one hour. If any aspects of the study cause slight feelings of distress, then these are likely to be mild and short lasting. To minimise these consequences, participants shall be informed about the full aims of the research at the end of the study.

In order to participate in this research, it is necessary that you give your informed consent. By signing the statement below, you are indicating that you understand the nature of the research and that you agree to participate in it. Please consider the following points before signing:

I have understood the details of the research and confirm that I have consented to act as a participant;

I understand that my participation is entirely voluntary and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so;

I understand that I have been provided the e-mail addresses of the researcher and the research supervisor whom I can contact if I have any questions about the study or for additional feedback;

I understand that my identity will not be linked with my data and that all information I provide will remain confidential;

I further understand that the data I provide may be used for analysis and subsequent publication in an anonymous form, and provide my consent that this might occur.

Print name of participant: Participant's signature:
Date:

Interview Schedule

Exploring Indian Indigenous Counselling Techniques: Evaluating their Effectiveness and Contribution to Counselling Psychology

INTERVIEW SCHEDULE

Training and education

Tell me a bit about your education/training in counselling/psychotherapy.

What theoretical orientations did you study as part of your course?

Was there anything you found less useful or wanted to know more about?

Psychological theories

What is your understanding of Western psychological theories?

What is your understanding of Indian psychological theories?

What theory(ies) do you prefer to use in your practice?

Indigenous practice

Tell me about your experience of Indigenous counselling practice? Can you describe any Indigenous interventions you may use while counselling clients?

How do you decide which Indigenous intervention is suitable or relevant to a client?
What constitutes meaning to the intervention?

What do you think are the advantages and disadvantages of using Indigenous counselling techniques with clients of own culture?

Scope of Indigenous counselling techniques

What do you think is the future of Indigenous psychology and use of such interventions in counselling?

Can Indigenous counselling techniques contribute to the knowledge of counselling psychology globally?

Are there any additional information/comments you would like to make that may be useful for the study but may not have been covered?

Supervision Logs

POSTGRADUATE DOCTORAL RESEARCH MANAGEMENT FORM
(Module Code PS5018)

Student: Neha Mundra
Supervisors: Dr. John Bergin and Dr. Richard Darby

Thesis Title: Exploring Indian Indigenous Counselling Techniques: Evaluating their Effectiveness and Contribution to Counselling Psychology

Academic Year: 2

Guidelines for use:
1) The number of meetings held between supervisor and student during the course of the thesis will depend on a number of factors including the nature of the thesis, and the amount of experience the student has in that research area. It is likely, therefore to be different for each thesis.
2) A brief note of each meeting should be recorded in the table provided. Both the student and supervisor should initial each meeting to confirm that it is a true record of items discussed.
3) The student and supervisor may find it beneficial to arrange the date and time of their next meeting. This is however, optional and is dependent to a large degree on the nature of activities currently being pursued.
4) If a meeting is arranged in advance, but is postponed to a different date, a note of the reasons should be made under items discussed.

Date	Action from Last Meeting	Items Discussed	Action for next meeting	Present	Duration
27/10/10	N/A	Ethics Approval	-	JB, NM	20 minutes
02/02/11	Approval granted	Research Project	Data Collection	JB, NM	20 minutes
18/05/11	Contacting participants	Data Collection difficulties	Summer research plans	JB, NM	20 minutes

POSTGRADUATE DOCTORAL RESEARCH MANAGEMENT FORM
(Module Code PS5018)

Student: Neha Mundra
Supervisors: Dr. Richard Darby and Dr. Victoria Galbraith

Thesis Title: Exploring Indian Indigenous Counselling Techniques: Evaluating their Effectiveness and Contribution to Counselling Psychology
Academic Year: 3

Guidelines for use:
1) The number of meetings held between supervisor and student during the course of the thesis will depend on a number of factors including the nature of the thesis, and the amount of experience the student has in that research area. It is likely, therefore to be different for each thesis.
2) A brief note of each meeting should be recorded in the table provided. Both the student and supervisor should initial each meeting to confirm that it is a true record of items discussed.
3) The student and supervisor may find it beneficial to arrange the date and time of their next meeting. This is however, optional and is dependent to a large degree on the nature of activities currently being pursued.
4) If a meeting is arranged in advance, but is postponed to a different date, a note of the reasons should be made under items discussed.

Date	Action from Last Meeting	Items Discussed	Action for next meeting	Present	Duration
03/11/11	N/A	Research Interviews	Transcribing Interviews	RD, NM	15 minutes
01/12/11	Present transcribed transcripts	Themes	Transcribe + Themes	RD, NM	40 minutes
06/06/12	Transcribing + Interviews complete	IPA	Completing transcribing + Analysis	RD, NM	45 minutes
17/07/12	Presenting initial analysis	IPA analysis	Analysis Table	RD, VG, NM	80 minutes
19/09/12	Analysis	Discussing analysis + External examiner	Completing analysis	RD, VG, NM	90 minutes
09/10/12	Completion of analysis	IPA + Findings	Editing themes – master table	RD, VG, NM	75 minutes
05/11/12	Edited themes complete	Themes	Reorganising master table of themes + writing up	RD, VG, NM	60 minutes
19/12/12	Writing up	Themes + Literature Review	Draft submission	Via e-mail	N/A

Transcription Protocols

1. I listened to each interview once before transcribing them in order to get familiar with the narrative and fully immerse in the data.
2. I transcribed each tape on Microsoft word and saved them under different participant names. The transcribing itself included going back and forth to verify that the transcript was an accurate record of the interviews. This was to ensure any pauses, breaks, and repetition of words were all recorded and included in the transcripts.
3. Pauses between sentences are indicated by a series of full stops (…) and use of non-verbal elements such as umm, er, ahh, and so on. This demonstrates the thought process involved.
4. Non-verbal communication such as laughter was recorded in brackets. This was also done for inaudible words and statements.
5. Participants were identified as 'participant' followed by the chronological order in which their interview was conducted (e.g. participant1/participant2). This was done for their first statement in the interview. Subsequently they were indicated as P1, P2 and so on.
6. The participants' names were not included in the transcripts. Where names were recalled during the interview, they were replaced by 'participant's name' in brackets within the transcript.
7. The interviewer was denoted by her name in the first statement following which it was abbreviated to her initial 'N'.
8. Each page and line in the transcript was numbered for ease of reference.

Individual Table of Themes

Participant1: Table of Themes from IPA semi-structured interviews

MASTER THEME/CONSTITUENT THEMES	QUOTES/KEYWORDS	PAGE & LINE NO.
PSYCHOLOGICAL THEORIES		
Structure of counselling and psychotherapy	'Therapy came about from the Western thinking'	**Page 6,** 153-154.
Western psychological theories	'Person-centred is very focussed on what client does'; 'It allows you to grow'; 'Enables me to build a trusting relationship';	**Page 2,** 30; **Page 6,** 162-163; **Page 8,** 233-234.
	'Psychodynamic tries to get as much information from the client'; 'Through psychodynamic you are able to fish out issues which the client even doesn't remember';	**Page 2,** 32-33; **Page 6,** 169-171.
	'CBT…it's not effective for everyone'	**Page 3,** 75.
Indian psychological theories	'I haven't actually done any work with any Indian psychological theories'	**Page 6,** 180.
LANGUAGE IN PSYCHOTHERAPY		
Role of language	'And the common denominator has been language difficulties'; 'CBT is something that cannot quite often be applied when there is a language barrier'	**Page 4,** 102; **Page 4,** 111-112.
FACTORS THAT AFFECT THE COUNSELLING PROCESS		
Therapeutic relationship	'Making that environment just right for them so that they can then open up'	**Page 9,** 239-240.
ASIAN CULTURE AND COUNSELLING/PSYCHOTHERAPY		
Stigmas and Barriers	'I have met a lot of South-Asians who do not even know what counselling is or psychotherapy is';	**Page 6,** 154-155;
	'Telling a stranger about their personal stuff is not something they take to;	**Page 6,** 155-157.
	'But were not able to tell anyone because they worried what the community will say or what their family would say because it's a shameful thing';	**Page 9,** 257-259.
	'They did not want to be seen to be having problems within that crowd';	**Page 10,** 276-277.

	'They all had the same stigma fears about what will the people say…how will it affect my status'; '"Log kya kahenge" (*what will people say*)…"meri izzat" (*my reputation*)'; 'For them to come into therapy with a person from their own culture is something that they find very difficult'	**Page 15,** 450-453. **Page 16,** 455-457. **Page 22,** 642-648.
Factors therapists need to consider when working with Indian/Asian clients	'They are not individualistic. It revolves around families, the extended families, communities and it's important for them to be seen in a particular way'	**Page 7,** 185-191.
Ways to combat the barriers amongst Asians	'I was going into these communities to say look we are providing free service counselling'; 'I used to go into community groups to do workshops or groups where we talked about one sort of aspect like alcoholism or bereavement'; 'I would leave leaflets with information in various languages'; 'We were bringing in professionals from the mental health sector to learn why the needs of the South-Asians are different'	**Page 9,** 266-268. **Page 10,** 292-294. **Page 11,** 303-306. **Page 11,** 317-319.
Client expectations	'I'm giving the work to you…go and do it. I don't think that helps. It makes that person feel like they are not important…the therapist doesn't care and quite often they will not return'	**Page 5,** 129-147.
Generating awareness about impact of Asian cultural values on clients	'It is enabling her to understand about how our upbringing is'; 'The client has to find the balance for themselves…up to what extent they want to nurture themselves without being disrespectful'	**Page 13,** 378-379. **Page 14,** 399-402.
Beliefs held by practitioners about Asian communities	'There is a false belief again by the people who provide the service that the Indian or the Asian communities always have family support systems in place'; 'The concept has been fed into the professionals' minds about…we look after our own…has to be reduced or removed because 80% of the time that is not true'	**Page 11,** 323-326. **Page 12,** 339-342.
INDIGENOUS TECHNIQUES AND INTERVENTIONS		

Guided relaxation and imagery	'I even do guided relaxation'; 'Guided imagery'	**Page 17,** 497. **Page 31,** last paragraph.
Prekshadhyan	'I've trained in *prakshadhyan*, an ancient Jain way of meditation'; 'If I'm in pain I would just do the relaxation and tell myself that I'm no longer in pain…I'm pain-free and literally I can feel the pain dissipate'	**Page 17,** 507-508. **Page 19,** 553-555.
Spirituality	'The other aspect of the indigenous work I do is at a spiritual level'; 'It's also about my own spirituality and my own knowledge and my spirituality enchains…it's about forgiveness'; 'It's when I would give them this key. They call it the key of forgiveness'; 'Think of the person and forgive them. Then ask for their forgiveness and forgive yourself and just carry on doing that'	**Page 22,** 655-656. **Page 23,** 661-663; **Page 23,** 679-680. **Pages 25-26,** 753-754.
Cultural beliefs	'Do you believe that we are always being reborn? That we're always in the cycle of life and death. So they are always quite up for it. Do you believe what goes around comes around and they agree'	**Page 24,** 717-723.
Relevance of Indigenous techniques	'But again with the Western clients…they also believe what goes around. Not in the grander scale of things but in the here-and-now scale of things'; 'If you believe in Christianity…even there is forgiveness…in Islam there is forgiveness…in Hinduism…there is forgiveness'	**Page 25,** 727-729. **Page 28,** 839-842.
Effectiveness of techniques	'I feel like years of weight has been lifted…I feel like a new person…I feel like I'm floating in the clouds'; 'And 80%...90% of the time it works'	**Page 26,** 775-778. **Page 27,** 800.
Drawbacks/Shortcomings	'The disadvantage would be when you're not at the same level with this person'	**Page 27,** 790-791.
Parallels with Western psychological approaches	'I would put it to them …but I can never enforce'; 'And I won't present it to somebody who's not ready'; 'I am giving it to you but it's up to you whether you want to make use of it'	**Page 19,** 579-590. **Page 25,** 735; **Page 25,** 747-750.

Participant2: Table of Themes from IPA semi-structured interviews

MASTER THEME/CONSTITUENT THEMES	QUOTES/KEYWORDS	PAGE & LINE NO.
PSYCHOLOGICAL THEORIES		
Structure of counselling and psychotherapy	'But I think the Western counselling theory…you couldn't actually do counselling without them…as far as I'm concerned'; 'Without the training I wouldn't have been able to go out there and do counselling'; 'You have to have the training. Not only just to protect your client but to protect yourself'	**Page 9,** 249-250; **Page 9,** 257-259; **Page 9,** 261-269.
Western psychological theories	'I still love Freud's theory and I love learning more and more about it. And I can actually see it when I work with my clients specially say somebody who's been sexually abused…how it would've interfered with their development'; 'The empathetic attitude…the counsellor needs that…that's the best tool to have'; 'Person-centred counselling is like that…you can incorporate other theories into it'	**Page 7,** 193-199. **Page 8,** 230-232. **Page 11,** 334-335.
Indian psychological theories	'I have no knowledge of that to be quite honest. So I can't really say'; 'I haven't actually explored it. Maybe something that I would like to do now that you've got me talking or thinking about it'	**Page 10,** 276-277; **Page 10,** 282-283.
LANGUAGE IN PSYCHOTHERAPY		
Role of language	'Sometimes there just isn't a word in English that I want then I have to use a Punjabi word with that client'; 'I think that just one word sometimes can change the whole dynamics…the whole feeling…their understanding or the connection between me and my client'; 'There are some Punjabi words that just can't be translated properly into English words for me'; 'They may not get the whole meaning of that word but by actually exploring it with my clients I'm trying to get to the meaning of this'; 'The similarity when they are talking about something…they think that you're going to understand'	**Page 21,** 625-626; **Page 21,** 628-631. **Page 22,** 644-645; **Page 22,** 655-657. **Page 31,** 941-942.
FACTORS THAT AFFECT THE COUNSELLING PROCESS		

Therapeutic relationship	'It's not just counselling…I always think it's a lovely therapeutic relationship…isn't it? It's very short-lived but still has lots of meaning'	**Page 38,** 1151-1152.
ASIAN CULTURE AND COUNSELLING/PSYCHOTHERAPY		
Stigmas and Barriers	'I've actually had people say to me…ohh we were bit wary of coming to you because you're Indian'; 'After they see the professional me…I'm Indian but more so professionally qualified counsellor…then they relax and I can work with them. They sort of drop that barrier in a way'	**Page 16,** 462-463; **Page 16,** 471-479.
	'I think I must've looked like her grandmother to her and she had a real fear of telling her grandmother…grandparents finding out. I think it was really difficult for her to start off with'	**Pages 18-19,** 553-559.
Factors therapists need to consider when working with Indian/Asian clients	'If I was to think in a Western way…I would be expected to or I would think what was best was that the person would have to think about themselves'; 'It's not just about that person'; 'I couldn't say to her you have to think about yourself only because that wasn't what she wanted'	**Page 13,** 368-370; **Page 13,** 376-377; **Page 13,** 397-400.
	'It's not just the family but the community, the culture, the previous generations, the next generations…it's all entwined';	**Page 14,** 407-409.
	'I find that the age group actually matters';	**Page 17,** 515-516.
	'I feel more able to use counselling theories and the techniques with the younger generation and I would work slightly differently with the older'; 'Working with the Asian males…they find it difficult to start off with coming to the female counsellor of my age group';	**Page 18,** 525-528; **Page 18,** 536-540.
	'I would work slightly differently with that group to say somebody who's come here as a child and had their education here'; 'You have to adapt yourself to that client and I would find myself working slightly differently but working with an awareness that they are Indians'	**Page 20,** 589-590; **Page 20,** 602-604.
Client expectations	'Like if they come in five minutes late they think it's okay to leave five minutes late'; 'And paid clients think 'cause I'm Indian…oh she will give me counselling at a discounted price'	**Page 29,** 868-879; **Page 29,** 877-878.

INDIGENOUS TECHNIQUES AND INTERVENTIONS		
Spirituality	'I particularly find it useful Neha when I'm working with Indian clients…having that spiritual awareness especially to do with bereavement'; 'Somehow having my counselling training and actually having that spiritual awareness I can marry the two together and I feel that that's where I almost sense that there is a difference is being made'	**Page 11,** 316-318; **Page 11,** 320-325.
Breathing exercises	Deep breathing exercises for relaxation purposes.	**Page 40,** last paragraph.
Guided meditation	Guided meditation in the form of body scan awareness can also have a calming effect.	**Page 40,** last paragraph.
Reiki	Using reiki with psychosomatic clients sometimes to promote healing.	**Page 40,** last paragraph.
Relevance of Indigenous techniques	'And I tried to pass on some of my own cultural knowledge, beliefs, techniques to two generations down. I'm trying to pass it on and I'm still doing stuff that my grandmother told me'	**Page 33,** 995-999.
Effectiveness of Indigenous techniques	'I think they do feel at ease. They can say things to me…they can again use words in their own language'; 'She would often bring verses from that and explore them with me in the therapy…this is what's written by our gurus but then why do I feel like this and so on'	**Page 27,** 825-826. **Page 28,** 838-841.
Drawbacks/Shortcomings	'I do find that Asian people sometimes they think they can overstep the bound…the boundaries can be little bit relaxed'	**Page 28,** 853-855.
Parallels with Western psychological approaches	'The issues that they face…the relationship…family issues…they are the same. The suffering when somebody dies in the family is no different'; 'So I have to use the same empathy…same feelings for myself to connect to them as well'	**Page 37,** 1103-1107; **Page 37,** 1118-1119.

Participant3: Table of Themes from IPA semi-structured interviews

MASTER THEME/CONSTITUENT THEMES	QUOTES/KEYWORDS	PAGE & LINE NO.
PSYCHOLOGICAL THEORIES		
Western psychological theories	'I see that the Western is much more mind orientated thinking'; 'An understanding of how the mind works and how behaviour works';	**Page 6,** 176-177; **Page 6,** 186-187.
	'Western is much more individual'; 'Western is much more...you do good for number one'	**Page 8,** 224-225; **Page 8,** 230.
Indian psychological theories	'I don't really know much about Indian psychological therapies'; 'There is this spiritual part of you but I think it's quite based a lot on religion as well';	**Page 7,** 200; **Page 7,** 209-213.
	'Indian is more...much more collective theory'; 'That's how I would see the Indian psychology would be based on community'	**Page 8,** 223-224; **Page 8**, 232-235.
LANGUAGE IN PSYCHOTHERAPY		
Role of language	'I mean if I speak in the Punjabi...sometimes that's quite hard to translate';	**Page 12,** 346-348.
	'It's for me easier to express language through English rather than Punjabi'	**Page 13,** 371-374.
FACTORS THAT AFFECT THE COUNSELLING PROCESS		
Therapeutic relationship	'I don't think okay this person needs this or this person needs this. I think I form a relationship with them...it's quite relational based'	**Page 11,** 317-320.
ASIAN CULTURE AND COUNSELLING/PSYCHOTHERAPY		
Stigmas and Barriers	'I've found with the Asian community is that somewhere they can't go to feelings and so that's why they end up going on medication or they get psychosomatic symptoms';	**Pages 11-12,** 330-336;
	'Some Asian people come to me and say I didn't wanna see an Asian person';	**Page 16,** 454-455.
	'I think maybe the Asian part...cultural part gets in the way of what they want to talk about'	**Page 21,** 612-615.

Factors therapists need to consider when working with Indian/Asian clients	'The younger ones...it's like talking to anyone that was just born here and bought up here'; 'A lot of the time they're fighting this...conflicts...this dual life they live'; 'Give it a try and then they get surprised by the outcome of the sessions'; 'I can't believe that you've helped me or you understand where I'm coming from'; 'I adapt to what maybe they need'; 'being myself and being open allows them to take what they need or ask for what they need'	**Page 13,** 382-385. **Page 14,** 411-412. **Page 16,** 464-465; **Page 16,** 472-473. **Page 18,** 525-526; **Page 18,** 533-534.
Client expectations	'I find that the Asian older generation want me to write them a prescription. Give them a pill to make them feel better'	**Page 11,** 324-327.
INDIGENOUS TECHNIQUES AND INTERVENTIONS		
Spirituality	'I lean more towards the spiritual side with my older Indian clients'; 'I go more with the spiritual part...the Indian part of me'	**Page 10,** 282-284; **Page 10,** 292-293.
Cultural beliefs	'it's a gentle way of getting them to think about what is this all about...what is our destiny'	**Page 12,** 342-343.
Difficulty in describing Indigenous interventions	'Ahhhh...it's really hard to put it into words'; 'I find it difficult to know for myself where does it stop...cut off...because it actually merges in together'; 'I really find it difficult to put it into words...what it is I do because I just do it'	**Page 9,** 274. **Page 10,** 294-296. **Page 11,** 311-313.
Relevance of Indigenous techniques	'I can see from two ends of the spectrum. I can use both and take from both'; 'It's not only about the mind. It is about the whole person and their environment'; 'I've seen Polish, Czech people as well and I work in the same way with them' 'It's many dimensions rather than one dimension'	**Page 9,** 250-252. **Page 23,** 656-657; **Page 23,** 666-667. **Page 24,** 711.
Effectiveness of Indigenous techniques	'And in that holding they can feel, say or do what they want'	**Page 22,** 543.
Drawbacks/Shortcomings	'I'm not 100% sure here that they're not getting...they don't want to know that part and maybe if that gets in the way'	**Page 21,** 606-609.

Participant4: Table of Themes from IPA semi-structured interviews

MASTER THEME/CONSTITUENT THEMES	QUOTES/KEYWORDS	PAGE & LINE NO.
PSYCHOLOGICAL THEORIES		
Western psychological theories	'I think the Western idea of applications of psychology is a lot more wider and offers a lot more flexibility in terms of cultural backgrounds of people'; 'It is varied'; 'Western theory caters to all'	**Page 5,** 120-122; **Page 5,** 135. **Page 6,** 169.
Indian psychological theories	'Indian psychology can be really traditional in its approach and a very very rigid mindset. So that flexibility would be missing and also it may not cater to different cultural backgrounds of people'; 'It could depend quite a lot on religion'; 'Depend on cultural values and traditional values more'; 'It may not be applicable to everybody'; 'My knowledge is not vast enough to cover that area'	**Page 5,** 137-139; **Page 5,** 144; **Page 5,** 146-147. **Page 6,** 158. **Page 16,** 461-463.
FACTORS THAT AFFECT THE COUNSELLING PROCESS		
Therapeutic relationship	'Basically it's the relationship because many people who have something to talk about and something to resolve haven't got that 'another' to do it with'; 'They are able to reflect on things with somebody whom they are able to trust and somebody who's willing to show them the direction that yes there can be meaning even in the worst of givens'	**Page 11,** 304-305; **Page 11,** 314-316.
INDIGENOUS TECHNIQUES AND INTERVENTIONS		
Breathing exercise/Guided relaxation	'So the breathing exercise which is very indigenous is something I find very very beneficial. It's not just physical, it's also emotional'; 'Offer her some relaxation...breathing exercises for her to calm down. And I took twenty minutes to do that and after the twenty minutes she was completely different person'; 'I do the counts for them and I tell them what muscles to relax and to contract at that particular time. So I take them through the entire thing'; 'She spends five minutes every morning doing her breathing exercise and that has helped her panic to a great extent'; 'A lot of this comes back from traditional Indian	**Page 7,** 204-205. **Page 8,** 213-214; **Page 8,** 231-232; **Page 8,** 236-239. **Page 9,** 252-

	teachings...er...relaxation is yoga...comes from yoga?'	256.
Relevance of Indigenous techniques	'You have to tailor it to their needs, definitely';	**Page 10,** 296.
	'The way I look at it is that it all depends on the label. If you label it Buddhism it might make a lot of clients resistant but if you called it mindfulness I don't see where the resistance could come from';	**Page 15,** 439-443.
	'More areas that can be included...integrated into their counselling training then I think it would benefit a lot';	**Page 17,** 509-510.
	'It needs to cater to different cultures'	**Page 17,** 512.
Effectiveness of Indigenous techniques	'If this can be a positive intervention for the body and it then results in something positive for the mind';	**Page 11,** 327-328.
	'They feel the connection for themselves...how it's affecting the rest of their lives'; 'When they see the internal relationship between the body...between the physical and the rest of the aspects of their lives then that could probably help them to go deeper and to analyse for themselves'; 'Interestingly these techniques that I used were with people from here….British people'; 'They found it very very useful and I don't see any reason why I have to use indigenous techniques only with Indians'	**Page 12,** 341-342; **Page 12,** 343-345; **Page 12,** 352-354; **Page 12,** 354-356.
Drawbacks/Shortcomings	'It's something that to whom it might not be appropriate it might not turn out to be positive';	**Page 12,** 338-339.
	'This is the drawback we have. It's not a taught course as such';	**Page 16,** 477.
	'Not just depend on the theory. Why shouldn't there be practical teaching?'	**Page 17,** 489-491.
Parallels with Western psychological approaches	'If ever the client said oh no no no no...I don't think that would be something appropriate for me then...definitely not';	**Page 10,** 291-292.
	'If it can be done in a Western country like here...I don't see what should stop people in America or Australia. I know in Australia people have been interested in mindfulness and it has taken off in Australia'	**Page 16,** 466-468.
Parallels with Indian psychological approaches	'You have to really be clear as to which client you can use it with because definitely it's not for everybody'	**Page 10,** 272-273.

Participant5: Table of Themes from IPA semi-structured interviews

MASTER THEME/CONSTITUENT THEMES	QUOTES/KEYWORDS	PAGE & LINE NO.
PSYCHOLOGICAL THEORIES		
Western psychological theories	'West here is more of a thought driven and mind based'; 'CBT is kind of a quite rigid'; 'I think there's a lot of limitation in person-centred'; 'Connect with a person even in a humanistic manner'; 'The humanistic side it does get you going for I would say low meaning level of issues but not the higher end'; 'I think it's more scientific model'; 'Here's more compartmentalised and more technical'	**Page 3,** 80. **Page 4,** 114. **Page 6,** 160; **Page 6,** 162-163; **Page 6,** 171-172, **Page 7,** 188-189; **Page 11,** 327-330.
Indian psychological theories	'Indian psychology is very much a person based'; 'I think it's involvement of body, mind, and soul and it's quite major. There's a spirituality element to it and a moral dimension to it' 'Indian is more integrated...more synchrotic'; 'I think we're all born and bought up going to that culture. So I don't think you have to specifically go to a college to learn'; 'It's trying to lay harmony'	**Page 7,** 188. **Page 10,** 303-307; **Page 11,** 327; **Page 11,** 342-346. **Page 13,** 388-389.
FACTORS THAT AFFECT THE COUNSELLING PROCESS		
Therapeutic Relationship	'Getting to know the person and gaining their trust...that is very important'	**Page 15,** 448-449.
ASIAN CULTURE AND COUNSELLING/PSYCHOTHERAPY		
Stigmas and Barriers	'sometimes the expression of an emotion is something…culturally is not encouraged'; 'From a man point of view is a bit taboo in this country...about emotion in a man'	**Page 21,** 653-654; **Page 21,** 659-660.
Factors therapists need to consider when working with Indian/Asian clients	'The biggest psychological counselling…sort of at every home… and there is a safeguard within the family structure. So if anybody is not doing well there is not one counsellor but there are many counsellors within the family'; 'Values are important for Indian contexts'; 'So if you don't work, you don't eat...simple as that. So I think there's a lot of unconditional	**Page 9,** 269-271; **Page 9,** 278. **Page 10,** 289-291.

	advantage and counselling happens in a broader sense. It's always happening for them to move forward'; 'In India I think that's what you do. If there's a problem with a member of the family...the family gathers and that's family therapy'	 **Page 17,** 525-527.
Client expectations	'They want the therapist to identify their problems…diagnose and be more sort of a critical about them'	**Page 6,** 166-169
	INDIGENOUS TECHNIQUES AND INTERVENTIONS	
Indigenised CBT techniques	'Most of my work focuses on rebalancing their thought process with their emotion process. So that is a kind of a synthesisism going on in my personal practice...this is my own stance of CBT'; 'You can easily tailor-make some of your techniques and bring that as a tool to be used in their context'	**Page 4,** 97-99. **Page 7,** 218-219.
Mindfulness/Mindfulness relaxation	'I would focus on mindfulness relaxation...giving them 3 or 4 minutes break from that constant anxiety'; 'And then encouraging them to replicate that back home'; ' So I think it's more experiential...I'm trying to bring mind, body, and soul together in that constant formulation'; 'For I may use straight from the outset a mindfulness way of dealing things 'cause I think that's more important and then slow down and start to look at some techniques that's quite scientific'	**Page 14,** 434-435; **Page 14,** 437; **Page 14,** 438-439. **Page 24,** 756-758.
Cultural knowledge and understanding	'I think that would be very much of my Indian thinking that a person in need is coming to you and it's a great honour to see that person and make that person feel very important...and giving some sort of a hope that let's work something out together' 'For me the use of myself as a Indian therapist for example working here...the use of myself is very important with the knowledge that I have gained from here plus my experience of back from India...the family I live in...all that gives the richness'	**Page 15,** 462-465. **Page 25,** 784-787.
Client's familial/social context	'Number two again...looking at...I think understanding the person in their context'; 'It depends on the presentation and the context'; 'I want to see the family history and everything	**Page 16,** 483-484. **Page 19,** 580. **Page 20,** 623-625.

	else but I want to see where the person is found in their world. I want to understand that first'	
Spirituality	'I think exploration of spirituality again is just part of...I do that and especially with people who are alcoholics and who have got addiction issues'; 'So it's allowing that transition to take place where the person looks at spirituality...something bigger than themselves and they can relate and connect with that and transfer some of their hopelessness and trust'	**Page 17,** 534-535. **Page 18,** 566-570.
Relevance of Indigenous techniques	'That gives you the sort of richness that you're not losing on one hand the experience of the client'; 'I'm just marrying both understanding that I have into making something which is very personalised for them'; 'You see their flexibility...you are looking at the utility'; 'You are more easy with those techniques'; 'It has always had that ability to transcend from one to another'; 'So I'm not actually just looking at one area. I'm looking at variety of them and drawing that richness all over the place';	**Page 8,** 221-222. **Page 20,** 615-616. **Page 24,** 740-741; **Page 24,** 742-743; **Page 25,** 776-777; **Page 25,** 791-793.
Effectiveness of Indigenous techniques	'That kind of works for me because…you know…the DNA rate for me is about 2%'; 'My attendance is very very high...extremely high'; 'The client feel more comfortable because we're not just looking at one...they're looking at the whole context'	**Page 15,** 466-467 **Page 15,** 472. **Page 26,** 796-797.
Drawbacks/Shortcomings	'I think my only fear is that it's not being turned into a course'; 'For people who are psychologically distressed...there is no emphasis on yoga for them'; 'I think there is going to be a certain level of cynicism from the scientific community'	**Page 26,** 833-834. **Page 28,** 857-858. **Page 29,** 920-921.
Parallels with Western psychological approaches	'The first thing is the therapeutic relationship…although there is a label...Western label to it'	**Page 15,** 446-447.

Participant6: Table of Themes from IPA semi-structured interviews

MASTER THEME/CONSTITUENT THEMES	QUOTES/KEYWORDS	PAGE & LINE NO.
PSYCHOLOGICAL THEORIES		
Structure of counselling and psychotherapy	'The Western model of 50 minutes-1 hour a week...I think it's okay'; 'It's based very often on the convenience of the services. Nothing to do with treatment';	**Page 4,** 112; **Page 4,** 115-118.
	'There's two aspects...one is the theory and secondly is the structure on which they operate'; 'It's a good idea to go and talk to somebody who is a professional as trained about whatever it is that you want to talk about and that person will be there for you consistently week on week and will be there to look at your problems with you'	**Page 7,** 190-192; **Page 7,** 197-202.
Western psychological theories	'CBT can be helpful...yeah...it's...it's okay';	**Page 2,** 54.
	'I think they've all got their uses';	**Page 3,** 70.
	'It's limited in the sense that person-centred basically is a Euro-centric model'; 'I think CBT does give advice…based on what comes out...certainly motivational interviewing does';	**Page 5,** 137-138. **Page 5,** 151-152.
	'I think it's measureable. I think it's convenient. I think for some people it can be useful for other people it's not that useful at all'; 'The thing that obviously it doesn't do is look at things like spirituality...stuff like that which is all about values. None of those models touch that really';	**Page 6,** 15-157; **Page 6,** 172-174.
	'In Western psychology there's an assumption that talking about the mind will help you deal with the mind. That's questionable'; 'The value of talking about the past is questionable to me'; 'They're limited. They're designed essentially by White men for...in a particular context';	**Page 8,** 238-239; **Page 8,** 241; **Page 8,** 243-245.
	'Counselling skills for listening...empathising and all those things...they're all very useful';	**Page 14,** 435-438;
	'Western psychology someday will not be clear of anything. If it did, a lot of people walking around are all sorted and are not as far as I can see. We haven't got it right'	**Page 23,** 743-745.

Indian psychological theories	'I don't know what Indian psychological theories are...I can tell you about things like the *Gita*...yoga philosophy'; 'Eastern theories seem to say you'll only sort yourself out ultimately if you become aware of who you really are and transcend the mind not understand it through'; 'Indian psychology is massively linked to Indian religion'; 'I think yoga for example offers things that psychology doesn't in any Western system'	**Page 9,** 264-267. **Page 10,** 301-303; **Page 10,** 305-306. **Page 11,** 319-320.
LANGUAGE IN PSYCHOTHERAPY		
Role of language	'Certainly if you are faced with somebody who speaks a different language...I don't know how you're going to apply it really'; 'I did it in Punjabi. I know there's not much value in that particularly. I think what you're doing is giving the same package in a different voice'	**Page 6,** 157-158. **Page 19,** 612-614.
ASIAN CULTURE AND COUNSELLING/PSYCHOTHERAPY		
Stigmas and Barriers	'Working with an Indian elderly woman for me would be next to impossible really 'cause they wouldn't wanna see me'	**Page 19,** 593-594.
Factors therapists need to consider when working with Indian/Asian clients	'Depends on who they are really…I mean if they're elderly and Asian and they come from a village'; 'I'd be probably much more informal and I would use terms like 'Uncle''; 'Have a kind of a radar alerting to how their sense of identity is related to these issues'	**Page 18,** 570-571 **Page 18,** 574-575; **Page 18,** 580-581.
Client expectations	'They wanna know where you come from'; 'It's not all about them and what they think. They wanna ask your advice'	**Page 4,** 105. **Page 5,** 139.
FACTORS THAT AFFECT THE COUNSELLING PROCESS		
Therapeutic relationship	'People need to feel comfortable...so that's the first thing really'; 'You have to find out what works and what engages people'; 'Making the whole service welcoming on many different levels before anybody got into a room'; 'We did all sorts of things...home visits...saw people in parks, in hospitals, mental health units, community centres'; 'It's more about the structure of how you get people through	**Page 4,** 96-99. **Page 5,** 129-132. **Page 15,** 471-472. **Page 16,** 497-499; **Page 16,** 506-507.

	the door and how you keep them there'; 'Not because we'll be doing something fancy and clever with them but because it felt like a really warm and inviting environment'	 **Page 17,** 527-530.
INDIGENOUS TECHNIQUES AND INTERVENTIONS		
Yoga	'I integrate yoga into that...so I can't say it's a particular…one model of counselling'; 'Instead of talking about cravings...I will give them a breathing practice for example. If people were having problems sleeping...instead of talking about necessarily the psychology behind that...you may give a series of forward bends'	**Page 2,** 35-43. **Page 17,** 539-542.
Relevance of indigenous techniques	'We've got to see what works with people and go on from there really rather than look at a model and see how people can fit'; 'Some cultures have very strong view and I don't know how you would work with them in a Western model'; 'I think India and places like that are becoming more Western anyway. So we need to fill capitalism into the equation. Doesn't really matter what colour you are. I think you become a similar kind of person. So then those approaches may well work in that context for those kinds of people' 'It's about developing services and indigenous would mean like Black and White ethnic not necessarily just Asian'	**Page 2,** 55-59. **Page 8,** 242-243; **Page 8-9,** 249-256. **Page 15,** 465-466.
Effectiveness of indigenous techniques	'All I can say is that I saw with my own eyes people change'	**Page 21,** 675.
Drawbacks/Shortcomings	'You can make assumptions that somebody needs something just because they're a certain colour or a race'; 'You can make assumptions...you can get it wrong'	**Page 21,** 684-686. **Page 22,** 704.
Parallels with Western psychological approaches	'I don't think it's just Western theories. I think this is Christianity...this is Paganism. All these traditions have had the same idea. It's not like there's something magical about the East and you've got it all'	**Page 10,** 293-298.

Themes from Individual Tables

1. Participant1

Psychological theories

Language in psychotherapy

Factors that affect the counselling process

Asian culture and counselling/psychotherapy

Indigenous techniques and interventions

2. Participant2

Psychological theories

Language in psychotherapy

Factors that affect the counselling process

Asian culture and counselling/psychotherapy

Indigenous techniques and interventions

3. Participant3

Psychological theories

Language in psychotherapy

Factors that affect the counselling process

Asian culture and counselling/psychotherapy

Indigenous techniques and interventions

4. Participant4

Psychological theories

Factors that affect the counselling process

Indigenous techniques and interventions

5. Participant5

Psychological theories

Factors that affect the counselling process

Asian culture and counselling/psychotherapy

Indigenous techniques and interventions

6. Participant6

Psychological theories

Language in psychotherapy

Factors that affect the counselling process

Asian culture and counselling/psychotherapy

Indigenous techniques and interventions

Master Themes Integrated from Clients' Tables of Themes

1. Psychotherapeutic Approaches and Interventions

a) Western

- Views and Uses of Western Therapeutic Approaches (e.g. Person-centred, Psychodynamic, CBT, and Existential therapy).

b) Indian

- Experience of training in Indian therapeutic approaches

- Perceptions around what Indian therapeutic approaches include and how it can be used in therapy (e.g. cultural beliefs/traditions, knowledge and understanding, spirituality, religion, and yoga)

c) Indigenous

- Concepts drawn from and indigenously used in counselling

- Meditation/Prekshadhyan
- Guided relaxation/imagery/Mindfulness
- Breathing exercises/Yoga
- Cultural beliefs (e.g. rebirth, karma, and destiny)

- Spirituality/spiritual beliefs (e.g. Jain virtue of forgiveness and belief in a higher power)

- Why indigenous?

- Relevance of indigenous techniques
- Effectiveness of indigenous techniques
- Parallels with therapeutic approaches and philosophies (e.g. structure and application)

- Prospects of indigenous approaches and techniques

- Teaching, practice, and research

2. Obstacles Experienced by Indian Clients

a) Barriers to Therapy

- Stigmas (e.g. reputation/shame/embarrassment) and cultural taboos (e.g. adults/men do not show emotions)

- Lack of knowledge about professional counselling/confidentiality

- Age and/or gender differences with counsellor

- Issues with similar/same cultural background as counsellor

3. Suggestions for Therapy with Indian Clients

a) Paying Attention to Certain Factors

- Context of client (e.g. familial, social, financial, and immigration/identity)

- Age/Age group of client

- Clients' needs or expectations from a cultural perspective

- Role and use of language in therapy

- Therapeutic relationship, i.e. making clients feel welcome/comfortable; reassuring them and harbouring trust